UNIVERSITY SCHOLARS PROGRAM
Reduced Course Load Request

<table>
<thead>
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<th>Date of Request:</th>
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<tbody>
<tr>
<td>Student ID:</td>
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<tr>
<td>Name:</td>
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<td>Current Classification:</td>
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<td>Email Address:</td>
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Justification for Request:
   Study Abroad (list country and semester you will study abroad below):
   ________________________________________________
   MCAT
   Medical
   Other

Semester requested to reduce course load:
   Spring ________  Fall ___________

Rationale to support your request (required):
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

(For Office Use Only)

Request for Reduced Course Load:
   Approved  Not Approved

__________________________  __________________________
Director, University Scholars Program  Date

Updated 1.18.2013