

**Disability Resources & Services
Reduced Course Load Approval Form**

I, _____
(Student Name) _____ (Student ID Number)

am requesting permission to take a reduced course load while maintaining full-time status. By signing below, I am acknowledging compliance with and consent to the following conditions:

1. I understand that I must register for at least 6 credit hours (based on DRS approval) during the regular fall and spring semesters. It is recommended that I register for at least three (3) credit hours during the summer session to offset the impact of financial aid eligibility.
2. I understand that I must maintain satisfactory academic progress standards as defined by the College catalog.
3. I understand that my reduced course load will result in an adjusted financial aid package. I am responsible for discussing the impact of this status with the College Financial Aid personnel.
4. I understand that requirements for continuation of funding through Vocational Rehabilitation may differ based on the reduced course load. If applicable, I am responsible for contacting my VR counselor to determine how a reduced course load will impact my funding.
5. I understand that the National Junior College Athletic Association (NJCAA) has published standards in regard to the designation of Certified Disabled Student-Athlete in Article V Section II.E.1 the NJCAA bylaws. If applicable, I am responsible for discussing this process with my coach.
6. I understand there may be additional requirements or regulations due to taking a reduced course load (e.g., academic progress, veteran benefits, visa eligibility, etc.)
7. I understand that if I am enrolled in an occupational and/or academic program with a specific block format I **will not** be considered for a reduced course load.
8. I understand that continuation of this status is **not automatic** and is approved for the _____ semester. My eligibility for this accommodation will be re-evaluated at the end of this semester.

(Student's Signature) _____ (Date)

(Director-DRS Signature) _____ (Date)

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Fall ___ Spring ___ Sum ___ Year _____

Part A: To be completed by Student

Name: _____ Student ID: _____

Phone: _____ Date of Birth: _____

DRS Connect Profile: Yes ___ No ___ Credit Load Requested: _____

Rationale: _____

Student Signature: _____ Date: _____

Part B: To be completed by student and DRS Personnel

1. Discuss possible considerations resulting from taking a reduced course load, including, but not limited to, the following list:

- : _____ Extra time to complete degree
_____ Insurance coverage
_____ Notice from DRS does not guarantee coverage
_____ Financial Aid*
_____ Vocational Rehabilitation Funding*
_____ Graduation requirements*
_____ Athletics*
_____ Visa requirements*
_____ Veteran benefits*
_____ **Occupational/academic block programs**
_____ Other: _____

Student Initials: _____

* Specific requests for a reduced course load must be discussed with the individual department, as there may be additional requirements or regulations that could impact academic progress.

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Part C: To be completed by DRS Personnel

1. Does documentation support request? Yes _____ No _____

If yes: Rationale _____

Credits Requested: _____ Approved: Yes _____ No _____

DRS Signature: _____ Date: _____

Review each semester: _____ Continue upon request: _____