Reduced Course Load Approval Form

I, _____ _____
(Student's 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 nine (9) credit hours during the regular fall and spring semesters. I must register for at least four (4) credit hours if enrolled during the summer semester.
2. I understand that I must maintain satisfactory academic progress standards as defined by the DACC catalog.
3. I understand that my reduced credit load will result in an adjusted financial aid package. I am responsible for discussing the impact of this status with DACC Financial Aid personnel.
4. I understand that requirements for continuation of funding through Vocational Rehabilitation/Office of Rehabilitation Services may differ. If applicable, I am responsible for contacting my VR/ORS 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 J of the NJCAA bylaws. If applicable, I am responsible for discussing this process with my coach.
6. I understand that taking a reduced course load will impact the amount of time required to obtain my academic and career goals. I am responsible for consulting with my academic counselor/advisor about these consequences.
7. 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

_____ _____
Signature - Coordinator of SSS Date

For Office Use Only

A copy of this form was sent to:

_____ Counseling (Student File)