## **Reduced Course Load Accommodation Agreement**

First Name		Last Name		
V#	Telephone	E-Mail Address		
REASON FOR REQUEST:   A+ Recipient   Scholarship Recipient   Other				
Term: □Fall	$\square$ Spring	☐ Summer	☐ Winter	20
<b>Total Credits A</b>	ttempted this semeste	er Total Cr	edits Earned to Da	ate
study during eve specify 12 credit credit hours for s	ry fall and spring seme hours as full-time eac	ational statuses are requiester. For undergraduate the semester to receive fur ary of the full-time studial Catalog.	students, the federanding for fall and sp	al regulations oring terms, six
are severely limi may be made ON disability require less than full-tim hours is mandate	ted by federal and stat NLY through the Acce es that he/she take a red ne status under Title II	uthorized to carry a reduce regulation. The author ssibility Resource Office duced course load may be requirements of the AD accommodation will be many that the commodation wil	ization of a reduced e. A student whose be eligible to receive A; however, a minim	course load documented e funding with mum of six
qualify, please c	onsult with the Access	ester for a reduced course sibility Resource Office. necessary documentation	If you are eligible,	•
Important Rem	inders			
1. 44 2. R 3. C	All hours, including devastitution Hours taken at any non- Aid funding is determine	ool graduation	s, taken at JC or any of JC accepts in transfe	other A+ eligible
provided for me truthful documen	on this form. I believe ntation in support of m	delines regarding the red that I meet the necessar by request. In addition, I tatus during the current t	y requirements and understand that I m	have provided
Student's Signature		Date		
ARO Staff Signature		Date_		
Staff Use Only  Approved	□ <b>Denied</b>	Reason:		