



Request for Reduced Course Load

Undergraduate Advising and Research (UAR), Vice Provost for Undergraduate Education (VPUE)
Sweet Hall, 1st Floor, Stanford University, Stanford, CA 94305-3085
(650) 723-2426, (650) 725-1436 (fax), advising@stanford.edu, <http://undergrad.stanford.edu>

Purpose:

A *Request for Reduced Course Load* may be submitted by students with documented medical disabilities.*

If approved, eight units earned in a given quarter constitutes minimum satisfactory academic progress. The courses taken must allow a student to make substantive progress toward a degree. This includes, but is not limited to, taking courses that fulfill the General Education Requirements, the Language Requirement, and the Writing Requirement, as well as courses that meet requirements for the student's major.

NOTE: At least six of the eight units must consist of two academic courses taken for a minimum of three units each. Also, the academic progress standards are modified so that students taking a minimum of eight units each quarter must complete 24 units (instead of 36) in the three most recent quarters of enrollment.

*Documentation must be provided to the Office of Accessible Education (OAE). Medical disabilities covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 include such conditions as serious illness or injury, physical disabilities, learning disabilities, or psychiatric disorders.

Requests for a Reduced Course Load for prior quarters will not be accepted.

Petition Deadlines:

Same as the course withdrawal deadline for the current quarter.

Instructions:

- Meet with an OAE Advisor to discuss your circumstances and request;
- Submit appropriate documentation to the OAE Advisor;
- Obtain the OAE Advisor's signature;
- Meet with a UAR Advisor (Academic Advisor in Sweet Hall, Academic Director in your residence or Academic Advisor located in the Athletic Academic Resource Center) to discuss your request, academic progress and academic planning, and obtain signature. Submit this form to your UAR Advisor or to the UAR Front Desk in Sweet Hall, 1st Floor.

Notification:

You will receive written notification of the results of your request once it has been reviewed. Notification will be sent to the email address entered on this form. Petitions may take three weeks to process, although most take less time. Failure to complete any, or part, of the requested information will delay the review of your request. Petitions without all required signatures will not be reviewed. Petitions submitted after the deadline may not be reviewed.



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Please complete the information below in print or type. Read carefully the instructions on the reverse of this sheet. Submit completed form to your UAR Advisor or to the UAR Front Desk in Sweet Hall, 1st Floor.

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Student Info

Name (Last)	(First)	(Middle)	Stanford ID Number
Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> CoTerm <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	International?	Graduation Qtr/Year
Major/2nd Major (if applicable)		Name of on-campus residence	
Academic/Departmental/Major Advisor(s)		Mailing Address	
City		State	
Zip		Phone Number	
Email Address		Residence Dean with whom you have worked (if applicable)	
UAR Advisor with whom you have worked			

By signing below, I certify that the information contained on this application and all supporting documentation is true and accurate. I understand that misrepresentation(s) of fact and/or circumstance(s) may give rise to a complaint being filed with the Office of Judicial Affairs for investigation as possible violation(s) of the Fundamental Standard.

Student Signature (required) Print Name Date

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Action

Quarter: Autumn Winter Spring Full Academic Year Academic Year: _____
(e.g. 2008 - 2009)

Course Load Requested (in units): _____
(Eight and above. Six units must be academic courses.)

NOTE: Your tuition/financial aid will be adjusted according to the total number of units in which you enroll. Please check with the appropriate offices (e.g. Financial Aid, Bechtel, Athletics) regarding less than full-time enrollment.

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Advisors

UAR Advisor Signature (required)	Print Name	Date
OAE Advisor Signature (required)	Print Name	Date
Other Signature (as recommended)	Print Name	Date

NOTE: The UAR Advisor signature indicates that the advisor has reviewed the petition process and discussed your situation with you. The signature does not, necessarily, indicate an endorsement of your request. Advisors may send additional comments to UAR at the address above.

VPUE Only

Log _____	Decision: ___Approved ___Denied ___ASRB	Init. _____ Date _____
Date _____	Comments:	
Record _____ Notify _____ Forward _____ STF _____		