



INTERNATIONAL STUDENT & SCHOLAR SERVICES

The University of Alabama at Birmingham

CERTIFICATION FOR REDUCED COURSE LOAD - FINAL TERM

Student name (please print) _____

Banner Number _____

Email _____

Phone _____

Academic Advisor name _____

Date _____

I recommend a reduced course load because this student is expected to complete all degree requirements during the semester indicated below:

Fall _____ Spring _____ Summer _____ Year: 20 _____

Comments _____

Academic Advisor/Supervising Professor _____

Date _____

Academic Advisor/Supervising Professor printed name: _____

Department Chair _____

Date _____

Department Chair printed name: _____

DSO/Immigration Advisor _____

Date _____