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|---------------------------|-------------|------------------------------------|
| LEASE TYPE) | | |
| Family Name: | Given Name: | |
| Date of Birth: | Phone | Email: |
| Current address: | | |
| City: | State: | Zip Code: |
| CWID# | Major: | SEVIS Number: N_____ (Look on I20) |
| Expected Graduation Term: | | |

• Spring • Fall • Summer Year_____

Indicate the term for which you are requesting a reduced course load.

‘ Fall ‘ Spring ‘ Summer Year____