



NIACC Reduced Course Load Request

Fall Spring Summer Year _____

Name _____ Phone _____

Address _____

Student ID _____ Credit Load Requested _____

Explain how your disability affects your ability to take a full time course load and how having a reduced course load could benefit your success at NIACC: (attach an additional sheet if necessary)

By signing my name to this document I certify that I understand the following:

- If I drop below the approved number of credit hours, my full time status will be negatively affected.
- Approval of a reduced course load does not guarantee success.
- It is my responsibility to know the requirements of the programs, activities and services that I am participating in and how a reduced course load could affect each.
- The following could be affected by a reduced course load:
 - Degree requirements
 - Scholarship requirements
 - Insurance requirements
 - Class sequence
 - Financial aid requirements
 - Athletic eligibility
 - Other NIACC programs, services, or activities

This form can be made in alternate format by contacting the Disability Services Office at 641.422.4413 or 1.888.GO NIACC, ext. 4413 or stopping by the Administration Building, #106.

Student Signature: _____ Date: _____

To be completed by the Counselor for Disability Services

What information in the documentation supports the request of a reduced course load in order for the student to have equal access to the College's programs, services, and activities?

Support: _____

Staff Signature: _____ Date: _____

To be completed by the Dean of Student Development

Credits Requested: _____ Approved: Yes _____ No _____

Comments:

Director's Signature: _____ Date: _____