

## Reduced Course Load Request Form

### Canada - Newfoundland and Labrador Integrated Student Loans Program

(version française disponible sur demande)

Form must be completed and signed in INK.

This form must be completed when requesting financial assistance to enroll in a reduced course load (i.e., less than 80%) due to extenuating circumstances. If the request is the result of medical reasons, please have the appropriate section completed by a medical professional who is familiar with the condition. Attach extra pages if necessary.

#### Section 1. Personal Information

|                           |                      |
|---------------------------|----------------------|
| Name                      | S.I.N.               |
| <input type="text"/>      | <input type="text"/> |
| % of Course Load Required |                      |
| <input type="text"/>      |                      |

#### Section 2. Reason for Request

Please check the box which applies to your situation:

- Single parent with a child(ren) under 12 years of age and enrolled in at least one university credit course requiring lab time.
- Single parent with a child(ren) under 12 years of age who has special needs.
- Single parent with a child(ren) under 12 years of age who has personal circumstances which merit special consideration. (Please specify on reverse).
- Student with a severe medical condition or who is currently experiencing trauma.
- Other (Please specify on reverse).

For any box you have checked, please describe in detail, on the reverse side of this form, the reason(s) you feel that you cannot complete a minimum 80% of a full course load. Include in your explanation how your particular circumstances warrant special consideration, and include all supporting documentation (if applicable).

#### Section 3. Medical Professional Declaration

Please describe in detail, on the reverse side of this form, the applicant's [and/or applicant's child(ren)] condition/disability including how you feel this condition limits the applicant's ability to complete a minimum of 80% of a full course load.

Is this condition expected to remain with the student (student's child) for the duration of his/her current academic year?  Yes  No

If no, give expected duration:

|                                   |                      |                           |
|-----------------------------------|----------------------|---------------------------|
| Signature of Medical Professional | Date                 | Area Code & Telephone No. |
| <input type="text"/>              | <input type="text"/> | <input type="text"/>      |

Information from the medical professional must be on official letterhead or an official stamp of the practitioner's office must be provided.

#### Section 4. Student Declaration and Signature

I have given complete and true information on this form and I understand that failure to do so may prevent me from qualifying for assistance in the future.

|                      |                      |                           |
|----------------------|----------------------|---------------------------|
| Signature of Student | Date                 | Area Code & Telephone No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/>      |

**For the Student**

Please describe in detail the reasons you feel that you cannot complete a minimum 80% of a full course load. Include in your explanation how your particular circumstances warrant special consideration.



**For the Medical Professional**

Please describe in detail the applicant's [and/or applicant's child(ren)] condition/disability. Include in your explanation how their particular circumstances warrant special consideration.

