



HEFOR31 REQUEST TO REDUCE STUDY LOAD (International Student)

PART B – STUDENT DETAILS	
Student ID:	
Student First Name/s:	
Student Last Name/s:	
Date of Birth (DD/MM/YYYY):	
USI Number:	
PART C – COURSE INFORMATION	
Course Name:	
PART D – REDUCE STUDY LOAD REQUEST	
Reduce Study Load information	<input type="checkbox"/> I request to study two (2) units per semester <input type="checkbox"/> I request to study three (3) units per semester
Reason for Reduce Study Load <i>(Where appropriate, supporting documentation is to be attached. Reduce Study Load can only be granted on compelling and compassionate grounds or special circumstances)</i>	
Evidence/ Documentations Provided <i>(Please select what type of evidence you have used to support your request)</i>	<input type="checkbox"/> A medical certificate from a registered health practitioner who is treating the student’s condition that includes the dates of consultation, the medical condition, impact of the condition on the student’s ability to study, recommendation for a reduced study load or break from study, and treatment plan <input type="checkbox"/> Letter from the doctor stating what the disability concern is and its effect on the ability to study and evidence of the illness from a doctor or hospital <input type="checkbox"/> Evidence of your relationship to family members who need care or have passed away (birth certificate, passport, family record book, death certificate) <input type="checkbox"/> Media reports of political unrest or natural disaster and evidence of the student’s residency in the affected area <input type="checkbox"/> Police report <input type="checkbox"/> Letter from a psychologist that includes the dates of consultation, the medical condition, impact of the condition on the student’s ability to study, recommendation for a reduced study load or break from study, and treatment plan



PART E – STUDENT DECLARATION

- I declare that the information provided by me is accurate and complete. By signing this form, I declare that I understand the conditions stated on this form
- I acknowledge the request to study part time impacts on my COE where it is my responsibility to ensure my COE and visa details are updated and correct

Student Name:	
Student Signature:	
Date:	

OFFICE USE ONLY

STEP 1 – RECEIVING FORM

This section is to be completed by SCEI-HE staff who is receiving the application from the student	<input type="checkbox"/> All required sections completed <input type="checkbox"/> Student signature <input type="checkbox"/> Supporting documents provided
Staff Name:	
Staff Signature:	
Date:	

STEP 2 – ASSESSMENT OF APPLICATION

This section is to be completed by the Course Coordinator/Academic Director and/or delegate who is assessing the application	<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Rejected Reason (s): _____
Staff Name:	
Staff Signature:	
Date:	

STEP 3 – ADMINISTRATION AND STUDENT SUPPORT

This section is to be completed by the Administration Officer and/or delegate who is assessing the application.	<input type="checkbox"/> Student notified in writing <input type="checkbox"/> Student Management System updated <input type="checkbox"/> Notified outcome email, signed form and relevant documents uploaded into Student Management System <input type="checkbox"/> COE Updated
Staff Name:	
Staff Signature:	
Date:	