

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 \_\_\_\_