Last Semester Reduced Course Load Authorization Request Letter

Date: ________________

Student Name: ____________________________

OCC Program of Study: ________________  Transfer Major: ________________

Student’s Last Semester will be: ________________

This letter is to verify that the abovementioned student is pursuing a(n):

☐ Certificate of Achievement  ☐ AA/AS Degree
☐ Transfer without Degree or Cert.  ☐ AAT/AST Degree
☐

The student will need to complete the following course(s) in order to complete his/her academic objective:

Course name & Number of units:

________________________  ____________________  __________________

________________________  ____________________  __________________

Since the student will only need to complete ____ units during the last semester, I recommend that the student be authorized for part-time course load.

Counselor’s Name: ____________________________

Signature: ____________________________