



Underload Request Form

Name: _____

Student ID: _____

E-mail address: _____

I am requesting an underload for the _____ semester of _____ year.

If this request is approved, I will be carrying _____ hours.

My reason(s) for making this request is/are:

Note that underloads are not routinely approved; however, a reduced load may be approved as a full-time load by the Graduate School for students who are completing their theses or dissertations and who are being supported by the school or college. **Underload approval will be granted for only one semester.**

Student Signature: _____ Date: _____

Signatures:
Major Advisor: _____ Date: _____

Comment by Graduate Dean

Approved by The Graduate School: _____ Date: _____

Denied by The Graduate School: _____ Date: _____

Please email form to The Graduate School: gradstudies@famu.edu