Reduced / Concurrent Enrollment Application
To Be Completed by Academic Advisor or Doctor Only

NAME: ____________________________________________ NWACC ID# ____________________

SEMESTER REQUESTED: __________________________________________

Please choose one of the following:

- This student has difficulty with the English language or reading requirements (FIRST TERM ONLY), unfamiliarity with American teaching methods (FIRST TERM ONLY), or has been placed in the improper course level due to an advising error.
- This student has an illness or medical condition which prevents him or her from carrying a full course of study. Must be certified by a medical doctor (M.D.), doctor of osteopathy (D.O.) or licensed clinical psychologist (include license # below).
- This student has verified through an official degree check that he/she needs ______ hours (FILL IN NUMBER) to complete the degree program. The student will be enrolled for these hours this semester and will be able to complete the program no later than the end of this semester.
- Concurrently enrolled at (another school) _____________________________ for ________ credit hours.
- Comments (please attach additional sheet if needed):
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

___________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

________________________________________
Name of Person Completing Form (print)

________________________________________
Signature of Person Completing Form

_________________________  _______________________
Title  Date

Contact Information: ________________________________________________________________

Please return the completed form to Mary Machira
Director, Global Communities Center
(419) 619-2224 – (479) 619-2665 (FAX)
E-mail: mmachira@nwacc.edu
(Rev. 5/24/12)