Department Letterhead

4/15/2020

To whom it may concern

[Last Name], [First Name] is a student seeking a [Degree Level] in [Major]. Student has completed [total credit hours] towards [his/her] degree. I authorize student to enroll only for [# of Credit Hours] for [Semester and year] due to academic difficulties. Student will be enrolled full-time for [next semester].

[Explanation WHY student has difficulty to maintain enrollment.]

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Advisor information]