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## LOW CREDIT FORM

**DATE:** \_\_\_\_\_

**FROM: SCHOOL OF PHARMACY**

**TO: FINANCIAL AID OFFICE**

**THIS IS TO CONFIRM THAT:**

**STUDENT NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**IS TAKING ONLY \_\_\_\_\_ CREDITS FOR REQUIREMENTS PURPOSES DURING THE FOLLOWING SEMESTER:**

**FALL** \_\_\_\_\_

**SPRING** \_\_\_\_\_

**SUMMER** \_\_\_\_\_

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**DR. LAMIS KARAOUI**

**ASSISTANT DEAN**

**FOR STUDENT AFFAIRS**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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