# Reduced Course Load (RCL) Request Form

***Instructions***

Federal regulations state that a **Reduced Course Load (RCL)** must be authorized prior to an F-1 student dropping below full-time status. A RCL can only be granted for specific reasons, as outlined below. If you are experiencing **Academic Difficulties**, contact your academic advisor to discuss your circumstance that might qualify you for a RCL or to have your academic advisor verify that you are in your final semester and are fulfilling all graduation requirements in this term.

***To be completed by STUDENT:***

**Name** (Please Print): _____

(*as it appears in your passport)* Last Name First Name

**Program** (check one) : ☐ Undergraduate ☐ Graduate **Number of credits currently enrolled in**: _____

**Course(s) to be dropped (course number):**

_____

_____

I am requesting a reduced course load (RCL) for the (choose one) **Fall/Spring 20____** semester for the following reason:

☐ **Academic Difficulties**. I am experiencing academic difficulties related to the area listed below with a brief explanation. I understand RCL for academic difficulties can only be authorized once and I would still be required to maintain at least six credits for the semester. I must resume full time enrollment at the start of the next available semester.

- ☐ Initial difficulty with English language
- ☐ Initial difficulties with reading requirements
- ☐ Unfamiliarity with American teaching methods
- ☐ Improper course level placement

**My explanation for requesting this reduced course load is as follows:**

☐ **Final Semester.** I expect to complete all degree requirements by the end of this semester and have no other courses or requirements; therefore I'm requesting to enroll less than full time in my final semester.

☐ **Illness or Medical Condition.** I have a medical condition that limits my ability to attend class and I will provide medical documentation to substantiate the illness or condition from a *licensed medical doctor, doctor of osteopathy,* or *licensed clinical psychologist.* ***(Note: A*cademic advisor does not need to complete this form if RCL request is for medical reasons)**

***To be completed by LC ACADEMIC ADVISOR:***

Any additional comments related to the student's request for a RCL:

I certify that all information provided on this from is accurate to the best of my knowledge and judgment.

Name and title (please print): _____ Phone: _____

Signature: _____ Date: _____

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