

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: Academic advisor does not need to complete this form if RCL request is for medical reasons)

To be completed by ACADEMIC ADVISOR:

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

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

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

Signature: _____ **Date:** _____