International Student in F1 Status Requesting Approval for a Reduced Course Load (RCL)

The information requested is needed to comply with United States Citizenship and Immigration Services regulations. The international student named below is applying for approval to take a reduced course load.

An F-1 student must complete and submit this form to the Department of International Student & Scholar Services **prior to dropping below full time** or will be in violation of federal regulations governing F1 students and will be rendered out of legal status.

A student is eligible to request a reduced course load if they are experiencing one of a number of criteria falling under academic or medical reasons.

- A student can use one (1) academic RCL and two (2) semester's worth of medical RCL's during a course of study. In order to maintain status, students must resume a full course of study in the next regular session.
- An academic RCL must consist of a minimum of 6 credits unless they are pursuing a medical reduced course load. Medical RCL's are the only permissible reason for carrying less than 6 credits or 0 credits. This requires a letter from a doctor.
- A student who registers for less than a full course load because he/she intends to graduate that semester, and then does not graduate, will need to contact the Department of International Students & Scholar Services immediately.

Failure to meet these requirements will result in the termination of the student's SEVIS record and losing F1 status.

TO BE COMPLETED BY THE STUDENT: please print neatly				
Student Name: Last	First	t		
EMPL ID:	Phone #:			
Email Address:				
Degree Level: <i>check one</i> Undergraduate	Graduate	PhD	English Language	
Major:				
 I am requesting approval for a reduced course Academic Reason Medical Reason Completion of Studies 	load based on the follo	owing reason:		

Student's Signature: ____

For Medical Reduced Course Load Requests				
This request is for the following semester:	Fall 20	Spring 20		
 I am registered for credits this semester This form does not require a signature from your academic advisor This form requires a letter from a licensed, U.S. medical doctor, licensed clinical psychologist, or doctor of osteopathy recommending a reduced course load due to illness or medical condition. The letter must also specify the time period recommended for the reduced enrollment. 				
For Academic Reduced Course Loads: To be C	ompleted by the Ac	cademic Adviser		
RCL requests based on academic difficulties do student may only be use an academic RCL one course of study at the next available session, e	time during the cou	urse of study. The student must resume a full		
This request is for the following semester:	Fall 20	Spring 20		
The student is registered for credits this semester.				
Please choose the appropriate reason that the student needs to take less than a full course of study.				
These may only be used during the first semester of study in the U.S. ☐ Initial difficulty with the English language or reading requirements ☐ Unfamiliarity with U.S. Teaching Method				
Can be used when appropriate ☐ Improper Course Level Placement (This means that the student has been improperly placed in a course that was either too basic or too advanced for his/her preparation) ☐ Completion of a course of study (This means that the student will be completing all the program requirements and is expected to graduate at the conclusion of the semester indicated above, your signature will certify this to be true)				
Advisors Name:	E	xtension:		
Advisors Signature:	D	Pate:		
Dean's Signature:	D	Pate:		