PART ONE: Completed by Student

Name of Student: _________________________ T Number: _________________________

Semester for which reduced course load is requested: ____________________________

Have you received reduced course load in the past?  ☐ No  ☐ Yes

If yes, when was the RCL authorized? _______________________________________

Federal regulations require that all F-1 and J-1 international students maintain the following minimum enrollment during the fall and spring semesters:

<table>
<thead>
<tr>
<th>Student Type</th>
<th>Minimum Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>IELP Students</td>
<td>Full-time as defined by the IELP, includes summer semester</td>
</tr>
<tr>
<td>Undergraduate Students</td>
<td>12 credit hours with a minimum of 9 credits in person</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>9 credit hours with a minimum of 6 credits in person</td>
</tr>
</tbody>
</table>

DHS does recognize certain situations where student may be authorized for reduced course load. Valid reasons include a medical condition, improper course level placement, initial difficulty with English language or American educational system, concurrent enrollment, or the student's final semester if credits needed for graduation are less than the full-time credits listed above.

Authorization for RCL must be requested on a semester-by-semester basis. In case of illness or other medical condition, total period of RCL may not exceed on year. If a student was previously approved for RCL for final semester and was not able to complete program, RCL may only be authorized for one more semester. RCL for a third final semester will not be approved.

Note to student and advisor: Reduced course load (RCL) approval for immigration status purposes does not constitute automatic approval of reduction in enrollment for Graduate School, Financial Aid, or assistantship/scholarship/fellowship purposes. Reduced course load approval does not withdraw student from class or waive or reduce any financial responsibility of a student. Please verify enrollment requirements with other offices prior to submitting this request.

Note: If reduced enrollment is due to requiring fewer than full-time enrollment for degree completion, program end date on I-20 or DS-2019 may be shortened to end of the semester.

Deadlines: If enrolling in less than full-time enrollment at the beginning of the semester, you must obtain RCL approval before the 11th day of class. If dropping below full-time enrollment after the start of the semester, you must obtain RCL before withdrawing from class at a point later in the semester. Failure to receive RCL approval before the deadlines mentioned above will result in termination of an F-1 or J-1’s immigration record.

Submitting form does not guarantee approval. An advisor will review the request for RCL. If student meets eligibility for RCL, advisor will update student’s SEVIS record with authorization for RCL. F-1 students will receive an updated Form I-20. J-1 students will receive a notice in writing from an International Student Advisor stating that you are authorized for RCL. If you do not receive this authorization in writing from an International Student Advisor, you do not have authorization for reduced course load.

When you have read the statements above and believe that you meet the conditions of reduced course load, sign below. Complete page two and return to International Student Services before the deadline mentioned above.

___________________________________________________________________________________

Student Signature _________________________ Date _________________________
Request for Reduced Course Load

PART TWO: Completed by Academic Advisor or Medical Doctor

Name of Student: _____________________________ T Number: _____________________________

Semester for which reduced course load is requested: _____________________________

Select the reason for Reduced Course Load and provide the necessary documentation when applicable:

_____ The student has difficulty with the English language or reading requirements, or unfamiliarity with American teaching methods (first term only).
   ➢ Attach a letter detailing your reasons for recommending this option.

_____ The student has been placed in the improper course level due to an advising error.
   ➢ Attach a letter detailing your reasons for recommending this option.

_____ The student has an illness or medical condition which prevents him or her from carrying a full course of study.
   ➢ Attach documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate medical illness.
   ➢ Include signature and contact information of attending medical doctor (M.D.), doctor of osteopathy (D.O.), or licensed clinical psychologist:

Print Name: _____________________________ Signature: _____________________________
License No.: _____________________________ Phone No.: _____________________________

_____ The student has verified through an end of degree program check that he or she needs fewer than the indicated minimum number of hours to complete the degree program. The student will enroll for these hours and will be able to complete the program by the end of the semester for which reduced enrollment is requested.

   NOTE: If student’s current program end date is after the end of the semester, the student’s SEVIS record will be shortened to the last day of finals in the semester for which RCL is requested.

_____ This student is concurrently enrolled at _____________________________.
   ➢ Attach proof of concurrent enrollment, including number of credit hours taken outside, must accompany.

COMMENTS: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Academic Advisor Signature (not required if RCL is for medical reasons): _____________________________ Date: __________

International Student Advisor Decision

☐ New program end date: _____________________________ ☐ Denial reason: _____________________________

Notes: __________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

International Student Advisor: _____________________________ Date: _____________________________