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>IELP Students</th>
<th>Full-time as defined by the IELP, includes summer semester</th>
</tr>
</thead>
<tbody>
<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>

The Department of Homeland Security (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.

Supporting Medical Documentation: To substantiate the request for reduced course load for medical reasons, you must provide documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, along with the RCL form.

Coordination with Disability Resource Center: To ensure all measures have been achieved for the optimal accessibility for a student seeking reduced course load, the student must coordinate with the Disability Resource Center (DRC). Accommodations may be made to allow a student to maintain full-time enrollment or have a more manageable experience with the remaining courses.

Release of Information: In order to receive the best situation for all students, International Student Services will coordinate with the student’s medical provider, Counseling Services, and/or the DRC. Grant this release by completing a Release of Information along with your Reduced Course Load request form.

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.

Renewal and Limitations: 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 per educational level.

Submitting form does not guarantee approval. An advisor will review the request for RCL. Additional documentation may be required. Regulations and procedures are subject to change without prior notice. 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. Reduced Course Load is not approved without written permission from an International Student Advisor.

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
PART TWO: Coordinated Recommendation for Reduced Course Load

Student Release of Information

I _______________________________________ T Number: _______________, do hereby give consent for the professional staff UALR International Student Services and UALR Disability Resource Center to disclose, receive, and share my personal, medical, physiological, educational, and treatment records and information for the purposes of coordination of my care with the signatories of this form. This permission expires on ________________________ (date).

Student Signature Date

Physician Recommendation

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.

Attach medical recommendation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate medical illness. Add notes below:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Medical recommendation for _________ (number of) credits for the requested semester. Physician initials: __________

Disability Services Recommendation

Include the name, signature, and contact information for the staff member in Disability Services coordinating your educational accommodations for the semester.

Print Name Signature Phone No.

List date(s) of consultation: __________________________

Describe accommodations, comments, limitations, or further recommendations: ________________________________

Disability Resource Center recommendation for ____ (number of) credits for the requested semester. Staff initials: ______

International Student Advisor Decision

☐ Approved for _____(number of) credits for the requested semester. ☐ Denial reason: _______________________________

Notes: ____________________________________________

International Student Advisor: __________________________ Date: __________________________