

Reduced Course Load (RCL) Request Form

Students in F-1 status are required by U.S. federal immigration law, to be registered full-time during two of the three academic semesters each year. In most cases, students will be enrolled full-time Fall and Spring semesters and take the Summer as a vacation semester. Students must complete each course with a grade EXCEPT "W".

There are valid academic and medical reasons for reducing your course load, as listed below. For any semester in which you intend to reduce your course load, you must complete the following form and meet with an international student advisor. You must receive prior permission from ISS to reduce your course load in order to maintain legal immigration status.

STUDENT INFORMATION

Last Name:	First Name:
EFSC ID #:	SEVIS #:
Email:	Phone:
Degree Level: ____AA ____AS ____BAS	Major:
Expected degree completion date:	Semester and Year for RCL:

ACADEMIC DIFFICULTIES

*I understand that I am allowed a reduced course load (less than 12 credits) for **ONE TERM** at this level of study, and that I must remain enrolled in at least 6 credits after being approved. An additional reduced course load can only be requested for my final semester at this level of study or for medical reasons.*

Initial Difficulties with the English Language and/or with reading requirements (First semester only)

Unfamiliarity with American teaching methods (First semester only)

Withdrawal from a course due to improper course level placement

DEGREE COMPLETION

I understand that I must be enrolled in all the remaining courses required to complete my degree at the end of the semester and if I only need one more class, it cannot be taken online.

This is my last semester and I only need _____ credit hours to graduate. (Degree audit must be attached)

MEDICAL REASONS

*I understand that I am allowed a reduced course load (less than 12 credits) for up to **12 months** due to illness or medical condition at this level of study and that I must request a RCL for medical reasons every semester.*

Attached is an official letter from a licensed U.S. medical doctor or psychologist clearly stating the diagnosis, the treatment, and the length of time required before I can resume a full course of study.

STUDENT CERTIFICATON (Required)

This is to certify that I am requesting EFSC International Student Services to update my SEVIS record to reflect authorized reduced course load for the reason indicated above.

Additional Student Statement: _____

Student Signature _____ Date _____

INTERNATIONAL STUDENT SERVICES AUTHORIZATION

Approved Denied DSO Signature: _____ Date _____