



Reduced Course Load Request

Part 1: To be completed by the student

Student name: _____

Date of birth: _____ SEVIS ID: _____

Major: _____ SFC Email: _____

How many credits are you registering for this term?: _____

Semester: _____ Year: _____

I request that my academic load be considered less than full-time enrollment for immigration purposes for the reason below:

[] A. Academic difficulties

- Initial difficulties with the English language (*only during the first year*)
- Initial difficulties with reading requirements (*only during the first year*)
- Unfamiliarity with American teaching methods (*only during the first year*)
- Improper course level placement (*advisor must provide explanation*)

[] B. Medical

Attach an official letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist detailing the requirements above.

An advisor/department chair signature is not required if this option is chosen.

[] C. Completion of course of study

Date of completion: _____

A student must apply for RCL in their final term if fewer courses (ex. less than full-time) are needed and required to complete the course of study. The student must obtain a letter from their academic advisor to verify that the current term will be the final term for the student to complete their academic program.

Part 2: To be completed by the academic advisor/department chair

I have reviewed and recommend the above request. I confirm that the information provided on this form is accurate and in conformance with applicable departmental/college policies.

Advisor/department chair name: _____

Advisor/department chair signature: _____