



REDUCED COURSE LOAD (RCL) AUTHORIZATION

Contact Information

LAST NAME	FIRST NAME	MIDDLE NAME	ID#
E-MAIL		PHONE	
ACADEMIC ADVISOR		ACADEMIC DEPARTMENT	

Important Notes. Please read.

- A reduced course load must consist of at least half the credit hours required for full time enrollment, unless the reduced course load is granted for medical or graduation reasons.
- Do not withdraw to less than full time without written approval from an OISS Advisor. Withdrawal to less than full time enrollment without advance approval will terminate your F-1 student status.

Level of Study	Required Credit Hours for Full Time Enrollment
Undergraduate	12
Graduate (Including University fellowship recipients)	8

Medical Reasons

I am compelled by illness or other medical condition to interrupt or reduce my course of study. I have attached a letter from my licensed Medical Doctor (M.D., excluding D.N.P.), Psychiatrist, Doctor of Osteopathy, or Licensed Psychologist or Clinical Psychologist substantiating my condition and recommending a reduced course load. I understand that I am limited to a total of 12 months of reduced enrollment for medical reasons.

Academic Difficulties

- I am having difficulty understanding the English language.
- I am having difficulty with the reading requirement for a course or courses.
- I am unfamiliar with American teaching methods.
- I wish to drop a course that is at an improper level for me.

I am having academic difficulties and have had my academic advisor complete the form on the back confirming the need to enroll less than full time. I understand that I cannot be approved for any further reduction of enrollment for any academic difficulty for the remainder of my degree program.

Graduation

- I expect to graduate at the end of the semester and need less than the regular full time credit load to complete my degree program.

I have registered as a candidate for graduation according to my school procedures and have obtained confirmation of final semester registration from my advisor or school recorder on the reverse.

- I certify that I am currently in legal F-1 or J-1 status.
- I certify that I have read and understand this form and the implications of taking a reduced course load.

Student Signature: _____ Date: _____

For Office Notes Only.

Approved by: _____ Date: _____



Academic Advisor Recommendation for Exception to Full Time Enrollment Requirement

STUDENT LAST NAME	STUDENT FIRST NAME
ACADEMIC ADVISOR	ACADEMIC DEPARTMENT
ADVISOR SIGNATURE	DATE

Important Notes. Please read.

- Please be aware that if the reduced enrollment is approved, the student cannot be approved again for another semester of reduced enrollment for any other academic difficulty. Only one reduction is allowed per level of degree study.
- A reduced course load must consist of at least half the credit hours required for full time enrollment (with the exception of medical reasons).

Level of Study	Required Credit Hours for Full Time Enrollment
Undergraduate	12
Graduate (Including University fellowship recipients)	8

To: International Student Advisor
 Office of International Student Services
 First Floor, Administration Building

After consultation with this student, I recommend that the student be allowed to drop below the full time enrollment minimum credit load based on the following criteria (check one):

- The student is having difficulty understanding the English language.
- The student is having difficulty with the reading requirement for a course or courses.
- The student is unfamiliar with American teaching methods.
- The student is enrolled in a course that is at an improper level.

Confirmation of Final Semester Registration

- This is the student's final semester. Upon successful completion of the student's current registration of ___ credits, the student will have fulfilled all degree requirements for graduation.

Comments:
