INTERNATIONAL STUDENT
APPLICATION FOR F-1 REDUCED COURSE LOAD

F-1 international student are required by U.S. Law to pursue a full course of study each fall and spring semester. A full course of study is defined as carrying 12 credits at the undergraduate level. (or the equivalent as approved by your academic advisor on the Full-time Equivalency Form). Under certain academic circumstances, you may qualify for a reduced course load (RCL) of 6 credits, or less for an illness or medical condition. To apply, you must:

1. Still enrolled full-time. If you already dropped below, you do not qualify.
2. Have your academic advisor complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to initial difficulties with English or reading requirements, unfamiliarity with U.S. teaching methods or improper course level placement.
3. If you are suffering from an illness or medical condition, you must provide us with documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist describing the nature of your illness or condition.
4. Complete this form and submit it to International Student Advisor before taking any action to reduce your course load.

Your application will be reviewed by International Student Advisor and, if approved, you will be given authorization to reduce your course load for a specific period of time. A reduced course load based on academic difficulties may only be authorized for one term during your program of study. A reduced course load warranted by an illness or medical condition may be extended if there are serious circumstances necessitating such an extension.

You are required to resume a full course of study in the semester immediately following your RCL authorization (excluding summer). A “hold” will be placed on your registration for the next semester which will be removed when you report to International Student Services with your registration form and obtain an advisor’s release.

Name:_________________________________________ _______________________________   __________
    Last                              name                     middle

ID Number:_____________________________  Sevis ID Number:________________________________

Semester for which you are requesting a reduced course load: ____________________________

Program of study:_______________________________ Major:_______________________________

Phone Number: __________________________ E-mail: _____________________________

Reasons why you are requesting a reduced course load:  Check one:

ACADEMIC DIFFICULTY: My advisor has completed the other side of this form.

☐ Initial difficulty with the English language.
☐ Unfamiliarity with U.S. Teaching methods or requirements
☐ Improper course level placement.

ILLNESS OR MEDICAL CONDITION: Documentation is attached.

☐ Illness or medical condition
I recommend ______________________ carry a reduced course load of ________ credits (not less than 6) for the ____________ (semester) for the following academic reason:

☐ Initial difficulty with the English language. Describe the difficulty and why it is considered “initial” ____________________________________________

☐ Initial difficulty with reading requirements. Describe the difficulty and why it is considered “initial” ____________________________________________

☐ Unfamiliarity with U.S. teaching methods of requirements. Describe the difficulty and why it is considered initial” ____________________________________________

☐ Improper course level placement. Describe the reason for the improper placement. ____________________________________________

The student’s expected graduation date is: ____________________________________________

Name of advisor: ______________________________________________________

Signature of advisor: ____________________________________________________

Advisor’s phone: _______________________________ E-mail ___________________________________

Department: ___________________________________________ Date: _____________________________

INTERNATIONAL STUDENT SERVICES ACTION:

APPROVED: _________________ PERIOD COVERED: _________

SEVIS RCL: AUTHORIZED ON __________________________ DATE: _____________________________

DENIED BECAUSE: ____________________________________________

BY: ____________________________