Reduced Course Load (RCL) Request Form

**Do not register for a course load (or drop a course) that will place you in RCL status without first obtaining DSO (Designated School Official) permission. RCL approval may be obtained by completing Sections I & II of this form and then meeting with a DSO in the Office of International Students and Scholars (ISS).**

RCL Definition:
- Less than 12 credits hours for international undergraduate students
- Less than 8 credit hours for international graduate and professional students without a graduate staff appointment or employment-based fellowship
- Less than 6 credit hours for international graduate and professional students with a graduate staff appointment or employment-based fellowship

Exception: Students who engage in full-time Curricular Practical Training (CPT), full-time optional practical training (OPT) or academic training (AT) are not required to be registered full-time and do not need to complete this form.

SECTION I: Student Use Only

Complete items 1 - 5 below and then submit this form to your Academic Advisor (undergraduate students) or Chair of Departmental Graduate Committee (graduate/professional students) to complete Section II.

1. Name:____________________________________________
2. PUID:__________________________________________ (10 digit PUID Number)
3. Semester for which RCL is Requested:   ___Spring    ___Summer    ___Fall   Year 20___
4. Reason for RCL Request:
   - ______ Medical (must include a letter from a medical professional recommending reduced course load)
   - ______ Improper course placement
   - ______ Initial English language difficulties
   - ______ Initial unfamiliarity with American teaching methods
   - ______ Last semester of a student’s academic program (Graduate level students only who will complete all degree requirements during the requested RCL semester need to apply. Undergraduate students can enroll part-time their last semester and do not need to process an RCL form.)
5. Student Explanation (attach additional typed sheet, if needed):________________________________

   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Section II: Undergraduate Academic Advisor or Chair of Departmental Graduate Committee.

Please mark accordingly: _____ Undergraduate   _____Graduate (Non-Thesis)   _____Graduate (Thesis)

Recommendation:   _____ Recommend approval   _____ Do not recommend approval

REASON:  (Provide justification for decision based upon a reason listed above in Section I, #4)

   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Recommended by: (Printed Name)   ________________________________ Date: ___________________________

Title:  ________________________________________ Dept. ___________________________________

**Students must bring this form to ISS for approval before taking a reduced course load (RCL).**

2/8/2010