

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) _____

Signature: _____ **Date:** _____

Title: _____ **Dept.** _____

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