

Request for Reduced Course Load (RCL) Authorization

Name _____ H# _____
Last First Middle

Major/Minor _____

RCL Request for: Fall / Spring / Summer; Year 20__ __

Proposed number of semester hours to be taken in the RCL Semester: _____

Reason for RCL Request:

Academic Difficulties

Have your academic advisor fill out the section below. You must enroll in at least 6 semester hours.

Final term before graduation

Have your academic advisor fill out the section below. You must enroll in at least one course.

Medical

Attach a letter on official letterhead from a licensed medical doctor or clinical psychologist confirming illness/condition. This letter should recommend a part time enrollment for a specific number of semester hours or withdrawal from a specific semester.

Student Signature _____ **Date** _____

To be completed by the student's academic advisor, if required (see above):

Students holding F-1 visas may apply for a Reduced Course Load (RCL) below 12 hours through the Office of International Student Services. Please select **one** option from the following list of approved reasons for RCL.:

Initial difficulties with English language

Comments: _____

Initial difficulties with reading requirements

Comments: _____

Unfamiliarity with with U.S. teaching methods

Comments: _____

Improper course level placement

Comments: _____

Completion of degree program at the end of the upcoming semester – The student is expected to complete all degree requirements on / / and graduate on / /
DD MM YY DD MM YY

Advisor Signature _____ **Date** _____