



Application for Reduced Course Load (RCL)

STEP 1: Complete the Student Info and Sign.

STEP 2: Meet with the Counselor.

STEP 3: Submit the Counselor's Signed form to Program's Staff.

Semester _____

The Student Info Section:

Family/Last Name _____ First Name _____ Student ID# _____

Program/Major _____

Is this your **FIRST** semester? Yes No

Is this your **LAST** semester? Yes No

A reason for requesting a reduced course load: **Medical Condition** **Academic Reason** (1st or last terms only)

If this is **NOT** your last semester, briefly explain why you are requesting a reduced course load (RCL):

Would you like to use your Final Semester RCL allowance this time (meaning you would have to enroll in 12 unit in your last semester before graduating or transferring) Yes No

I affirm that all information on this form is true and accurate to the best of my knowledge.

Student's Signature: _____

Date: _____

Academic Advisor's Section:

The above named international student is requesting a reduced coarse load (RCL) based on academic necessity. Immigration Law r equires confirmation from the academic advisor that a RCL is appropriate in the student's **FIRST** or **LAST** semester.

Please check one of the approved academic reasons for RCL that best describes the student's situation.

- ☐ Improper course level placement ☐ Initial difficulty with the English language
- ☐ Initial difficulty with reading requirements ☐ Unfamiliarity with American teaching methods
- ☐ This is the student's final semester

Advisor's Signature: _____ Date: _____

Medical Professional Section:

The above-named international student is requesting a RCL based on a medical condition. Immigration law requires confirmation in writing from a medical professional that a RCL is appropriate because of the student's medical condition.

Doctor's Name _____ Phone # _____

- ☐ A reduced course load **is recommended** from _____ to _____
- ☐ A zero course load is recommended from _____ to _____
- ☐ A reduced course load (RCL) is **not required**.

Please provide a brief explanation to justify the recommendation for the RCL. Attach the medical report

Medical Professional's Name and Date of Signature: _____