

REDUCED COURSE LOAD (RCL) REQUEST FOR F-1 STUDENTS

First Name _____

Last Name _____

Monroe ID # _____

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip) _____

Email Address _____

U.S. Cell Phone Number _____

Academic Program (check one): ☐ ELLI ☐ Certificate ☐ Associate ☐ Bachelor ☐ Master's

SEVIS ID Number (top left corner of I-20): N _____

Use this form to request permission to drop below full-time enrollment.

Semester and year that you are requesting RCL: ☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

From the list below, select the reason you are requesting to drop below full-time enrollment. The reasons listed here are the only allowable justification for an RCL. If you select documented illness or medical condition, you are required to provide us with a signed letter from a licensed medical doctor, doctor of osteopathy, or clinical psychologist (licensed to practice in the U.S.) to substantiate your illness or medical condition. Letters must be in English or accompanied by a certified English translation. The letter must specify the duration that you should be excused from full-time enrollment and whether you can take some courses or none at all.

Reason

- ☐ Initial Difficulty with English Language
- ☐ Initial Difficulty with Reading Requirements
- ☐ Unfamiliarity with American Teaching Methods
- ☐ Improper Course Level Placement
- ☐ Documented Illness or Medical Condition

Academic Advisor Signature

Date Signed

____ / ____ / ____
____ / ____ / ____
____ / ____ / ____
____ / ____ / ____
____ / ____ / ____
MM DD YYYY

Please list the type and dates of any previously authorized reduced course load: _____

I understand that I must take at least 6 credits or half the clock hours required for a full course of study unless my doctor specifies otherwise. I must enroll full-time for the semester following my RCL. I am eligible for one semester of RCL per education level for academic difficulties. I am allowed a total of 12 months of RCL per education level for a documented illness or medical condition. New documentation and DSO authorization is required for each new semester for which I am requesting RCL.

Student Signature _____

Date _____