F-1 international students are required by U.S. law to pursue a full course of study each fall and spring semester. A full course of study is defined as carrying 12 credits at the undergraduate level, or 9 credits at the graduate level. Under certain academic circumstances, you may qualify for a reduced course load (RCL) of 6 credits for both the undergraduate and the graduate level, or less for an illness or medical condition. To apply, please note the following:

1. You must still be enrolled full-time. If you already dropped below full-time, you do not qualify.
2. Have your academic advisor complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to initial difficulties with English or reading requirements, unfamiliarity with U.S. teaching methods or improper course level placement.
3. If you are suffering from an illness or medical condition, you must provide current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition, and recommends a reduction in course load or a withdrawal from school. The medical documentation must indicate which semester that you are requesting a reduced course load or withdrawal.
4. Complete this form and submit it to the Designated School Official (DSO) before taking any action to reduce your course load.

The Designated School Official will review your application and if approved, you will be given authorization to reduce your course load for a specific period. A reduced course load based on academic difficulties may only be authorized for one term during your program of study. A reduced course load warranted by an illness or medical condition may be extended up to 12 months if there are serious circumstances necessitating such an extension. You are required to resume a full course of study in the semester immediately following your RCL authorization (excluding summer and winter).

To Be Completed By Student

Last Name: __________________________ First Name: __________________________
Student EMPL ID Number: ______________________ SEVIS ID Number: ______________________
Semester for which you are requesting a Reduced Course Load: __________________________
Major: __________________________ Degree Level: □ Graduate □ Undergraduate
Phone Number: __________________________ Email Address: __________________________

Reason you are requesting a Reduced Course Load: __________________________

**Academic Difficulty:** My advisor has completed the other side of this form.

- Initial difficulty with the English Language.
- Initial difficulty with reading requirements.
- Unfamiliarity with U.S. teaching methods or requirements.
- Improper course level placement.

**Illness or Medical Condition:** Documentation is attached.

- Illness or medical condition.
ADVISOR’S RECOMMENDATION FOR F-1 INTERNATIONAL STUDENT
REDUCED COURSE LOAD

I recommend (name of student) ______________________________________________________
carry a Reduced Course Load of _____ credits (not less than 6) for the _________________ (semester) for
the following academic reason:

☐ Initial difficulty with the English language; describe the difficulty and why it is considered
“initial”: _________________________________________________________________

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☐ Initial difficulty with reading requirements; describe the difficulty and why it is considered
“initial”: _________________________________________________________________

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☐ Unfamiliarity with U.S. teaching methods or requirements; describe the difficulty the
student is experiencing: _____________________________________________________

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☐ Improper course level placement: describe the reason for the improper placement:

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The student’s expected graduation date is: ____________________________________________

Name of advisor: _______________________ Signature of advisor: __________________________

Advisor’s phone: _______________________ E-mail: _________________________________

Department: __________________________ Date: _________________________________

Designated School Official Action:

Approved: ☐ Yes ☐ No

Period covered: __________________________ SEVIS RCL authorization on: _____________

Reason for denial: _____________________________________________________________

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Name of DSO: __________________________

DSO signature: _________________________ Date: _________________________________