

Reduced Course Load Form (RCL)

The U.S. Department of Homeland Security and the U.S. Department of State allow very limited reasons for F-1 and J-1 international students to enroll less than full-time. These reasons are listed below. To request approval for a reduced course load, please read and follow the instructions on the reverse of this form.

Name: _____ Student ID: A _____
Last/Family First Middle

Address: _____ Phone: (____) _____
Number / Street Apartment No.

City State Zip Level: Bach Mast PhD

E-mail: _____ Visa: F-1 J-1

Semester / Year for RCL: _____ Number of credits this semester: _____

Major / Field: _____ I-20 or DS-2019 Expiration: _____

I have read and understood the information and instructions on the reverse of this form. I certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I have any questions regarding my request for a reduced course load, I may direct my questions to the OISS.

Student Signature

Date

I recommend that the above named undergraduate student be permitted to enroll for less than a full course load for the following reason:

- _____ Difficulties with English language (valid only during student's first semester)
- _____ Difficulties with reading requirements (valid only during student's first semester)
- _____ Unfamiliarity with U.S. teaching methods (valid only during student's first semester)
- _____ Student placed in improper course level
- _____ Student's final semester before graduating
- _____ Medical reason (Health care professional's documentation required. See guidelines on reverse.)

Undergraduate Academic Advisor (Print)

Advisor Signature

Date

I recommend that the above named graduate student be permitted to enroll for less than a full course load for the following reason:

- _____ *Registered for 3 graduate credits during final semester listed on Program of Study.*
- _____ *Registered for 3 graduate credits with all required credits completed on Program of Study.*
- _____ *Medical reason (healthcare professional's document required. See guidelines on reverse.)*
- _____ *Student's final semester before graduating*

Graduate School Signature

Date

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RCL Approved: Yes No DSO/ARO Initials: _____ Date: _____