

SECTION II – TO BE COMPLETED BY THE STUDENT’S ACADEMIC ADVISOR

Student’s Last Name _____ First Name _____ Banner ID (Z#) _____
Academic Advisor Name: _____ Department: _____
Academic Advisor Title: _____ Signature: _____
Date: _____ Telephone: _____ Email: _____

I recommend a reduced course load (less than full-time) of _____ credits for the following reason:

Initial difficulty with the English language or reading requirements (available only in the first semester of study in the U.S.)

Unfamiliarity with the American teaching methods (available only in the first semester of study in the U.S)

Improper course level placement (please attach a letter of explanation)
Note: Student can only be authorized to withdraw from the course(s) in which s/he was incorrectly placed, and must remain enrolled for a minimum of six (6) credit hours.

Final semester of study. Student is enrolled in the number of credits necessary and is expected to meet all other degree requirements (including CLAST) by the end of the current semester.

Note: students who receive authorization for RCL in final semester of study MUST graduate in that semester. Otherwise they are considered out of status and must file for reinstatement.

Illness or medical condition (A letter from a U.S.-based physician or licensed psychologist must be attached).
Choose one of the following:

Complete withdrawal (no enrollment)

Reduced course load (minimum six (6) credits)

Note: Medical withdrawals are granted for a maximum of one academic year (fall and spring) per degree program.

Graduate student who (check one of the following):

Completed all degree requirements except for thesis/dissertation hours, or

Other * (explain) _____

**On a case by case basis, graduate students may be authorized to enroll in a reduced course load prior to reaching the thesis/dissertation stage. At the discretion of ISSS, each case will be discussed in further detail with the Graduate College and the academic advisor prior to a final decision.*

SECTION III – TO BE COMPLETED BY ISSS ADVISOR (P/DSO)

In accordance with 8 CFR 214.2(f)(6)(iii)(B), the above request for a reduced course load was:

1) Approved for the semester/year of _____ **RCL : Yes No Complete withdrawal: Yes No**

How was this RCL processed? SEVIS RTI FSAAtlas FSAAtlas Note (thesis/dissertation)

If entered in SEVIS RTI/FSAAtlas list the approved dates:

Authorization Start Date: _____ End Date: _____

2) Denied, state the reason: _____

Date Reviewed: _____ **P/DSO Initials** _____

Remarks: _____

Distribution: _____ Original (ISSS File) _____ Copy (Student)