

Request for Reduced Course Load (for International Students)

Reduced Course Load Requests must be made *prior* to the start of the semester in order to remain in status with the USCIS

Name: _____ Today's Date: _____

Field of Study: _____ Degree Level: _____

Faculty Advisor: _____ Phone or Email: _____

I am requesting a reduced course load for: _____ Term: _____ Year: _____

Please indicate the reason why you are requesting permission to enroll in a reduced course load. You will need to provide the appropriate supporting documentation, depending upon the type of request.

Type of Request	Explanation	Supporting Documentation Required
<input type="checkbox"/> Academic Difficulties	This is defined as "initial difficulty with the English language or reading requirements, unfamiliarity with U.S. teaching methods or improper course level placement." This exemption is permitted only once per degree level and only for a single term of study.	Please have your academic advisor complete Section A below.
<input type="checkbox"/> Medical Conditions	The exemption may not exceed an aggregate of 12 months and permits students to withdraw from classes if necessary.	This requires documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist.
<input type="checkbox"/> Completion of Course of Study	A reduced course load may be authorized in the student's final term.	Please have your academic advisor complete Section B below.

To Be Completed by Academic Advisor: (If required above)

Section A

Due to academic difficulties, the above mentioned student needs to enroll in less than a full course of study. The academic difficulties affecting this student are: _____

Name and Title of Person Completing this Form: _____

Signature: _____ Phone and Email: _____

Section B

The above mentioned student needs to enroll in less than a full course of because he/she is in his/her last semester at CIIS. At the end of this semester, this student will have completed all of the coursework required for graduation.

Name and Title of Person Completing this Form: _____

Signature: _____ Phone and Email: _____

**If applicable, you must also submit a Request for Authorized Withdrawal for your classes to the Registrar's Office.
*** Please remain in status by following the USCIS rules for F-1 visa holders until the RCL is approved.**

Approval of International Student Advisor

Date