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.

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Explanation</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Academic Difficulties</td>
<td>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.</td>
<td>Please have your academic advisor complete Section A below.</td>
</tr>
<tr>
<td>☐ Medical Conditions</td>
<td>The exemption may not exceed an aggregate of 12 months and permits students to withdraw from classes if necessary.</td>
<td>This requires documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist.</td>
</tr>
<tr>
<td>☐ Completion of Course of Study</td>
<td>A reduced course load may be authorized in the student’s final term.</td>
<td>Please have your academic advisor complete Section B below.</td>
</tr>
</tbody>
</table>

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 __________

Revised 7/17/2009