



International Student Services Office

Reduced Course Load (RCL)

As an F-1 visa holder, you can be authorized to take a reduced course load if you meet the qualifications. Please fill out the below form and you will be notified if your request has been approved or denied.

Student	Date Submitted: _____
Name: _____	MMC ID: _____
Telephone: _____	Email: _____
Major: _____	Requested Semester for RCL: _____

There are three reasons you can be authorized for a RCL. Please select the reason below and please provide documentation if necessary.

Academic Difficulties: Please select the reason for the academic difficulty below. *Please note that RCL due to academic difficulties requires you to take a minimum of 6 credits and is allowed for only one semester. *Academic/Faculty advisor must complete the other side of this form**

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

Medical Conditions: To be authorized for a Medical RCL, you must provide documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist. *Please note that you are allowed to exceed 12 month of RCL for medical reasons.*

Completion of Study: You can take a RCL if you are in your last term of study and you need less than the required full-time course load to complete your graduation requirements. *Registrar must complete the other side of this form*



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Academic Difficulties: To be completed by the advisor

Initial difficulty with the English language. Describe the difficulty and why it is considered "initial".

Initial difficulty with reading requirements. Describe the difficulty and why it is considered "initial".

Unfamiliarity with U.S. teaching methods. Describe the difficulty the student is experiencing.

Improper course level placement. Describe the reason for improper placement.

Completion of Study: To be completed by the Registrar

How many credits does the student have left to complete his/her program? _____

The student's anticipated graduation date is: _____

Registrar's Name: _____ **Registrar's Signature:** _____

ISS Office: Approved Denied Date: _____

Dates of Approval: _____

Reason for Denial: _____

SEVIS RCL Authorization on _____ (date)

DSO's Name: _____ DSO's Signature: _____