



# AUBURN UNIVERSITY

Office of International Programs

## Request Form: Reduced Course Load (RCL)

**Application Deadline:** If enrolling for less than full time this document **must be submitted by the 8th class day** of the term in which you are requesting. If dropping a course *during* the semester this form must be completed PRIOR to dropping any hours.

**Students who fail to obtain proper authorization from OIP before dropping below full time will be out of status.**

Family Name:	
First Name:	
Banner ID:	
SEVIS ID:	
VISA Status:	
Level of Study:	
Email:	
Major/Department:	
Expected Graduation Date:	
RCL Term:	
Year:	
Number of credits after RCL:	

### Type of Reduced Course Load

	<b>Final Term:</b> Student is graduating at the end of the term and does not need a full-course load to meet graduation requirements. <b>Student must be enrolled in Graduation Course UNIV 4AA0.</b>
	<b>Academic (First year only):</b> Students can only request a reduced course load for an academic reason once and it must be within the first academic year. Academic reduced course load request must include a letter of explanation from the Academic Advisor or Professor. Students must remain enrolled in at least 6 credits. <input type="checkbox"/> Initial Difficulties with English Language or English Reading requirements <input type="checkbox"/> Unfamiliarity with U.S. teaching methods <input type="checkbox"/> Improper course placement or sequence
	<b>Medical:</b> Students can only request a reduced course load for a medical reason for up to 12 months of their program. A letter recommending the reduced course load from a U.S. licensed medical doctor (MD), doctor of osteopathy (DO), or licensed clinical psychologist is required. Please refer to Medical Reduced Course Load instructions.

*I hereby request that the above-named student be approved for a reduced course load this semester for the reason outlined above. I have read the instructions and understand the conditions by which I am making this request. If required, I have attached a letter with additional explanation.*

Academic Advisor

Signature

Date

Student

Signature

Date



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### Graduate School use only:

☐ Student is not eligible for GRAD 6AA0. Please process RCL request.

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Grad School Advisor

Signature

Date

### ISSS use only:

☐ Approved

☐ Denied