



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

<input type="checkbox"/>	Final Term: Student is graduating at the end of the term and does not need a full-course load to meet graduation requirements. <i>Student must be enrolled in Graduation Course UNIV 4AA0.</i>
<input type="checkbox"/>	Academic (First year only): 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. <ul style="list-style-type: none"> <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
<input type="checkbox"/>	Medical: 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.

Department Chair	Signature	Date
Academic Advisor	Signature	Date
Student	Signature	Date



AUBURN UNIVERSITY

OFFICE OF INTERNATIONAL PROGRAMS

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ISSS use only: Approved Denied