



Reduced Course Load (RCL) Request for F-1 & J-1 students

International Students: You should not withdraw from a course or enroll for a reduced course load without receiving PRIOR authorization from CIS.

All international students must register full-time for each semester.

Full-time enrollment at SCSU is: Undergraduate students: 12 credits Graduate students: 8 credits

Last Name _____ First Name _____
Student ID # _____ Email _____
Degree Level _____ Major _____
Expected date of graduation _____

If withdrawing from a course, please list course number(s) _____

BRING COPY TO RECORDS & REGISTRATION IF WITHDRAWING FROM A COURSE, AS 118

Are you working on-campus? [] Yes [] No **If yes, bring copy to Payroll Department, AS 122**

Note: If you are withdrawing from a course after the withdrawal deadline, please also complete the [Late Withdrawal form](#) with Academic Affairs.

I hereby understand that I must receive prior authorization for a reduced course load and that it must be relevant to the academic term: _____ (specify semester and year).

Signature of Student _____ Date _____

The Academic Advisor must indicate the appropriate reason from the list (#1-6) below:

No appointment necessary if you select any of the options 1-3:

1. **Completion of Program:** The student is graduating during the current term and needs only _____ credits to complete the degree requirements. **(Please fill in the blank.) This box may be used only one time!**
2. **Graduate Students Working on a Thesis/Dissertation:** The student is **EITHER** completing all coursework this term and is also engaged in research for a thesis/dissertation **OR** has already completed all coursework and is **only** engaged in thesis/dissertation research. **Must enroll in at least one credit related to Thesis/Dissertation for each semester (and for summer if last semester of program)**
3. **Authorized participation in full-time curricular practical training** (should have already received CPT authorization from CIS) **Must enroll in at least one credit related to internship for each semester, including summer for which the CPT is on I-20**

Must meet with CIS for approval of the following options 4-6:

4. **Academic Difficulties: This box may be used only one time.** The student must enroll at least 6 credits and this reason can only occur in the first year of study in the US. The following circumstance applies (**PLEASE CHECK ONE**):
() Initial difficulties with English language () Reading requirement. () Unfamiliarity with U.S. teaching methods.
() Withdrawing from a course due to improper course level placement made by instructor or academic advisor.
5. **Medical Condition: (Cannot accumulate more than 12 months of less than fulltime exemption for this reason per academic program.)** Physician recommends reduced course load or no enrollment for the semester due to medical reasons (attach written statement from licensed psychologist or physician). Medical statement must pertain to student, not to spouse or other relative.
6. **Concurrent Enrollment:** The student is also taking classes at _____ (name of institution). Please attach a completed CIS [Concurrent Enrollment form](#).

To be completed by the Academic Advisor:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.

Signature of Academic Advisor _____ Date: _____ Phone _____

Print Name and Title _____ Department _____

For CIS use only:

Approved: _____ yes _____ no If yes, **ISRS Code:** _____ If no, reason: _____

Signature of CIS advisor: _____ Date: _____