



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

All international students must register full-time each semester. Students should not withdraw from a course or enroll for a reduced course load without receiving PRIOR authorization from CIS.

Full-time enrollment at SCSU: Undergraduate = 12 credits / Graduate = 8 credits / Doctoral = 6 credits

To be completed by student:

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

Bring copy of RCL Request to Records & Registration (AS118) and list course number(s) if withdrawing from a course: _____

Note: If you are withdrawing from a course after the withdrawal deadline, you must complete the [Late Withdrawal form](#)

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

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 _____

To be completed by the Academic Advisor:

No appointment necessary for options 1-3:

1. **Completion of Program: This reason may be used only one time.** The student is graduating during the current term and needs only _____ credits to complete the degree requirements (please fill in the blank).
2. **Graduate Students Working on a Thesis/Dissertation:** The student is **EITHER** completing all coursework this term and is also engaged in thesis/dissertation research **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 (including summer if last semester)**
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 CPT for each semester including summer**

Student must meet with CIS for approval of the following options 4-5:

4. **Academic Difficulties: This reason may be used only one time per academic level.** The student must enroll in at least 6 credits. The following circumstance applies (**please check one**):
() Initial difficulties with English language* () Reading requirement* () Unfamiliarity with U.S. teaching methods*
*can only be approved during first year of academic program
() Withdrawing from a course due to improper course level placement made by instructor or academic advisor

Scanned: _____

Add to RCL database: _____

5. **Medical Condition: Cannot accumulate more than 12 months of RCL permission for medical condition per academic level.** 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 found at <http://www.stcloudstate.edu/internationalstudents/students/f1/documents/ConcurrentEnrollmentform.pdf>.

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: _____ Date: _____ Phone: _____

Print Name: _____ Department: _____

For CIS use only: Approved: _____ yes _____ no **If yes, ISRS Code:** _____

If no, reason: _____

Signature of CIS advisor: _____ Date: _____

Scanned: _____

Add to RCL database: _____