



Reduced Course Load (RCL) Request for F-1 Students

** Please allow 5 full business days for processing a complete application**

All international students must be enrolled in a full-time course load each semester. Students may not withdraw from a course or enroll for a reduced course load without receiving PRIOR authorization from the Center for International Studies.

Full-time enrollment at St. Cloud State University:

Undergraduate = 12 credits / Masters = 8 credits / Doctoral = 6 credits

To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ Degree Level: _____

Major: _____ Phone number: _____

SCSU e-mail: _____ Personal e-mail: _____

Expected date of graduation: _____ Major: _____

Academic term for Reduced Course Load request: _____ (Term/Year)

If you need to drop/withdraw from a course/s you must submit a copy of this form to **Records & Registration (AS118)** and list the course number/s:

1) _____ 2) _____ 3) _____ 4) _____

*Note: If you are withdrawing from a course after the withdrawal deadline, you must complete the **Late Withdrawal form** (http://www.stcloudstate.edu/provost/forms/late_withdrawal.pdf) and return it to the appropriate office as listed on the form.*

Do you have an on-campus job: _____ YES _____ NO

*If you have an on-campus job you must submit a copy of this form to the **Payroll Department (AS 122)**.*

By signing below, I hereby understand that I must receive prior authorization for a reduced course load and that it must be relevant to the current academic term.

Student Signature: _____ Date: _____

To be completed by the Academic Advisor:

___ 1. **Academic Difficulties:** The student is experiencing one of the academic difficulties listed below and has consequently been recommended to drop/withdraw from one or more courses. The student **must remain enrolled at least part-time** for the remainder of the semester. This type of reduced course load may be approved **only the 1st semester the student is in the United States.**

****Attach a written statement from the student's professor/s or advisor describing the circumstances and the course/s to be dropped/withdrawn****

Please check one:

- () Initial difficulties with the English language
- () Initial difficulties with reading requirements
- () Unfamiliarity with U.S. teaching methods
- () Improper course level placement made by instructor or advisor

****Please list the student's course/s in which the student is recommended to drop/withdraw on the 1st page of this form.***

___ 2. **Illness or Medical Condition:** The student has an illness or medical condition that interferes with their studies and has consequently been recommended to drop/withdraw from one or more courses. The student **cannot accumulate more than 12 months** of reduced course load permission for illness or medical condition per program level.

*****Attach medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending a reduced course load*****

The medical documentation must be on official letterhead and include the following:

- Full name of the student
- Description of the student's illness or medical condition and how it interferes with the student's studies
- Recommendation that the student takes a reduced course load or no courses at all
- The specific term for which a reduced course load is recommended
- Original signature and date
- Practice address and phone number

****Please list the student's course/s in which the student is recommended to drop/withdraw on the 1st page of this form.***

___ 3. **Completion of Course of Study:** The student is in their final term of studies and fewer courses are needed to complete the student's degree requirements. This type of reduced course load may be approved **only once during the student's academic program.**

Please list the remaining course/s needed:

Course number: _____ # of credits: _____ Grade needed: _____
Course number: _____ # of credits: _____ Grade needed: _____
Course number: _____ # of credits: _____ Grade needed: _____

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 Signed)

(Name – Please Print)

(Phone)

(Academic Department)

Center for International Studies USE ONLY

Approved: ___ YES ___ NO **If yes, ISRS Code:** _____ If no, reason: _____

Signature of Center for International Studies advisor: _____ Date: _____