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OFFICE OF INTERNATIONAL
STUDENT AND SCHOLAR SERVICES

REDUCED COURSE LOAD REQUEST (RCL) FORM

U.S. immigration regulations require that all F-1 and J-1 students enroll full time each semester in order to maintain valid immigration status. Students who are not able to enroll full time must submit this Reduced Course Load Form to the Office of International Student and scholar Service (OISSS) for approval. *You may not withdraw from a course until authorized to do so by OISSS. If you drop below full time without prior approval from OISSS, your I-20 SEVIS record will be terminated and will lose your F-1 status.*

PART I: TO BE COMPLETED BY STUDENT

Last Name: _____ First Name: _____

EKU ID#: _____SEVIS (I-20/DS-2019) ID#: _____

Phone: _____ EKU Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Visa Type: ☐ F-1 ☐ J-1. Major: _____

Degree Level: ☐ Bachelor ☐ Master ☐ Doctorate.

Which semester are you requesting reduced course load: _____ Year: _____

Student Signature: _____ Date: _____

PART II: TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

Please select the appropriate reason for which a reduced course load (RCL) is requested from one of the following:

☐ **Academic Difficulties.** Permission can only be approved **ONCE** per degree level. RCL must consist of 6 credit hours for undergraduates and half the required full-time course load for graduate students. Please select one reason:

  ☐ Initial difficulties with the English language (*first academic year only*)

  ☐ Initial difficulties with reading requirements (*first academic year only*)

  ☐ Initial difficulties with American teaching methods (*first academic year only*)

  ☐ Improper course level placement (*any semester*)

☐ **Completion of Studies.** Student is in the final semester of study (*last semester only*)

  Number of credit hours remaining: _____ Expected completion semester/date: _____

☐ **Medical Conditions.** The **student** must submit a signed letter from a *licensed medical doctor, doctor of osteopathy,* or *licensed clinical psychologist* to OISSS to substantiate the illness or medical condition and specify which semester the reduced course load is being recommended and when the student may begin taking full-time course load again.

As the Academic Advisor, I recommend approval of a reduced course load for this student for the current semester.

_____ _____ _____
Academic Advisor's Name   Signature   Date