# REQUEST FOR REDUCED COURSE LOAD

## SECTION A: Request for Permission to be completed by STUDENT

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>UC ID#</th>
</tr>
</thead>
</table>

**MAJOR:**  
**DATE YOU PLAN TO COMPLETE YOUR PROGRAM AT UC (MM/YYYY)***

---

*Sponsored Students – Have you spoken to your sponsor regarding your request for less than full-time enrollment?*  
☐ Yes  ☐ No

---

**Student’s Signature:** ________________________________  
**Date:** ________________________________

## SECTION B: To be completed by ACADEMIC ADVISOR

In general, permission to register for less than full-time enrollment should occur rarely in a student’s career. By immigration regulation, an F-1 or J-1 student should be full-time during each semester. Less than full-time enrollment may be approved for limited reasons.

Please indicate the reason the student needs authorization to drop below a full course load:

**MEDICAL JUSTIFICATION: Only Can Be Granted for One Semester**  
☐ Students requesting less than full time due to medical reasons must include a letter from a medical doctor or psychologist or chiropractor that:

Specifically states that the provider is recommending reducing course enrollment. If they recommend that a student withdraw from all courses, the letter must specifically state that. If the provider is recommending the student drop a particular course or courses the letter must state that information. The letter must reference a specific diagnosis/medical issue. Letter must be on letterhead, dated and include an original signature (scans or copies will not be accepted

**ACADEMIC: Allowed ONCE per program level (must be enrolled for at least half-time credits)**  
☐ The student is having initial difficulty with English language.  
☐ The student is having initial difficulty with reading requirements.  
☐ The student is unfamiliar with American teaching methods.  
☐ The student has been placed in the improper course level.

**FINAL TERM OF STUDY (must be enrolled in required remaining courses to complete course of study)**  
☐ The student needs less than a full course load to finish the degree program this semester. Student must consult with the OIE if they plan to take online classes.

**Dates requested**: _____/_____/_____ to _____/_____/_____  
*Limited to ONE TERM ONLY

**Intended Number of Credits of Enrollment**  
_____

*I recommend less than full-time enrollment for this student during the period above.*

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

For OIE office use only:  
- Int'l Student Advisor has approved RCL enrollment  
  Signature ________________________________  
  Date ________________________________

Revised 2/21/2019