

Office of International Education

1600 Burrstone Road, White Hall 120 Utica, NY 13502-4892

Phone: (315)792-3082/ Fax (315) 792-3061

Email: internationaled@utica.edu

REQUEST FOR REDUCED COURSE LOAD

SECTION A: Request for Pern	nission to be completed	d by STUDENT				
LAST NAME	FIRST NAME	UC ID#: 000	MAJOR			
DATE YOU PLAN TO COMPLETE YOUR PROGRAM AT UC (MM/YYYY)/						
Sponsored Students – Have you spoke	n to your sponsor regarding you	ur request for less than full-time	enrollment?			
tudent's Signature:		Date:				
SECTION B: To be completed	by ACADEMIC ADVISO	R				
International students in F-1 status not meet this requirement, you student's ability to be less than f immigration regulations do not cor A student who wishes to drop the reason might be. A student prior approval from a DSO will	must request a reduced cull time, but it may be allow a sider financial difficulties as below full time must ob a twho drops below a fu	ourse load. Federal immigra wed in rare circumstances, e s a valid reason for enrolling l tain approval from a DSC Il course of study (after t	ation regulations severely limit a explained below. Please note that less than full time. O in advance, regardless what			
Please indicate the reason the stud	lent needs authorization to	drop below a full course load	1:			
MEDICAL JUSTIFICATION: Can only	be granted for one semest	er at a time (aggregate of 12	2 months allowed)			
☐ Students requesting less than full	I time due to medical reason	ns must include a letter from	a doctor (MD or DO)			
student withdraw from all of student drop a particular conspecific diagnosis/medical is copies will not be accepted. ACADEMIC: Allowed ONCE per production. The student is having initial difference.	courses, the letter must speci- burse or courses the letter missue. Letter must be on letterh begram level (must be enrolle ficulty with English language	e (can only be used in the stud	er is recommending the letter must reference a ginal signature (scans or lits) dent's first semester).			
 The student is having initial diff The student is unfamiliar with a The student has been placed in 	American teaching methods	(can only be used in the stud	dent's first semester).			
FINAL TERM OF STUDY (must be e The student needs less than a full if they plan to take online classe	Ill course load to finish the d	-				
Dates requested*://_ONLY	to/	*Limited to ONE TERM				

Intended Number of Credits of Enrollment							
I recommend less than full-time enrollment for this student during the period above.							
ACADEMIC ADVISOR SIGNATURE		DATE					
Name (Please Print)		Department					
Phone Number		Email Address					

<u>Fc</u>	or OIE office use only:		
•	Int'l Student Advisor has approved RCL enrollment	Signature	Date

Revised 12/1/20