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#: 000</th>
<th>MAJOR</th>
</tr>
</thead>
</table>

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

International students in F-1 status are required to maintain full-time enrollment during the school year. If you cannot or will not meet this requirement, you must request a reduced course load. Federal immigration regulations severely limit a student’s ability to be less than full time, but it may be allowed in rare circumstances, explained below. Please note that immigration regulations do not consider financial difficulties as a valid reason for enrolling less than full time.

**A student who wishes to drop below full time must obtain approval from a DSO in advance, regardless what the reason might be. A student who drops below a full course of study (after the add/drop period), without prior approval from a DSO will be considered out of status.**

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

**MEDICAL JUSTIFICATION: Can only be granted for one semester at a time (aggregate of 12 months allowed)**

☐ Students requesting less than full time due to medical reasons must include a letter from a doctor (MD or DO) or psychologist 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 (can only be used in the student’s first semester).

☐ The student is having initial difficulty with reading requirements (can only be used in the student’s first semester).

☐ The student is unfamiliar with American teaching methods (can only be used in the student’s first semester).

☐ The student has been placed in the improper course level (please attach a letter of explanation).

**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 a DSO if they plan to take online classes.

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

<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>
</table>

For OIE office use only:

- Int’l Student Advisor has approved RCL enrollment  Signature ________________________________  Date ________________

Revised 12/1/20