REQUEST FOR REDUCED COURSE LOAD

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

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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>UC ID#: 000</th>
<th>MAJOR</th>
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**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*

**Name (Please Print)**  **Department**

**Phone Number**  **Email Address**

For OIE office use only:

• Int’l Student Advisor has approved RCL enrollment  **Signature**  **Date**

Revised 12/1/20