

**F-1 Student Reduced Course Load (RCL) Request Form**

This form is to be used by students to request approval for Reduced Course Load (RCL) enrollment from the FSW International Student Services. If this is a “Final Term” RCL, you may drop your request at the ISS office. To submit academic or medical RCL requests, please schedule an appointment with an ISS advisor.

LAST NAME		FIRST NAME	MIDDLE NAME	FSW ID#
DATE OF BIRTH (mm-dd-yyyy)	GENDER ____ FEMALE      ____ MALE		NUMBER of F-2 DEPENDENTS	SEVIS ID # N _____

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current address: \_\_\_\_\_

**Important notes: Please read carefully.**

- Read the [Reduced Course Load](#) information on the ISS website before completing this request form.
- Full time is 12 credits per semester.
- You must either be full-time enrolled or approved for RCL by the Drop/Add deadline set by the Registrar each term.
- If you want to withdraw from a course which will cause you to be less than full time after the Drop/Add deadline, you must be approved for RCL before dropping the course.
- Failure to gain RCL approval will cause loss of F-1 status and termination of your SEVIS record.

**Checklist of required documents**

- A copy of your Form [I-94](#)
- Copies of your previous and current I-20 (pages 1 & 3)
- A letter written by a licensed medical or osteopathic doctor or licensed clinical psychologist (for medical reasons)
- A letter written by an academic advisor as well as one from the student (for academic reasons) following the instructions on the ISS website.

**Read the statement below, sign and date:**

*I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I must have FSW approved health insurance for the duration of my F-1 status. I also understand that I must report address changes to ISS and the registrar’s office within 10 days of any change in current (U.S.) or permanent (out-of-U.S.) address.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed only by ISS	
• Academic term _____	Number of credits enrolled _____
• Check one reason for RCL and specify.	
____ <b>RCL for Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)]</b> (Must be enrolled at least ½ time).	
Specify:	
____ Initial difficulties with English language	
____ Unfamiliarity with American teaching methods	
____ Initial difficulties with reading requirements	
____ Improper course placement	
____ <b>Medical Reasons [8 CFR 214.2(f)(6)(iii)(C)]</b>	
____ <b>Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)]</b> Program Completion date: _____	
Shorten: Yes _____	No _____ Semester _____
ISS Initials: _____	Date: _____