

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 Designated School Official (DSO) in Academic Advising. If this is a "Final Term" RCL, you may drop your request at the DSO's office. To submit academic or medical RCL requests, please schedule an appointment with the DSO in Academic Advising.

LAST NAME	FIRST NAME	MIDDLE NAME	FSW ID#
			@ _____
DATE OF BIRTH	GENDER	NUMBER of F-2 DEPENDENTS	SEVIS ID #
	____ FEMALE ____ MALE		N _____

Telephone: _____ Email: _____

Important notes: Please read carefully.

- Read the [Reduced Course Load](http://www.fsw.edu/international/rcl) detail at www.fsw.edu/international/rcl before completing this form.
- Full time is 12 credits per semester.
- You must either be full-time enrolled or have been approved for RCL by the Drop/Add deadline.
- 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 webpage listed above

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 the college's DSO within 10 days of any change in current (U.S.) or permanent (out-of-U.S.) address.

Signature _____ **Date** _____

To be completed by a DSO:	
• Academic term _____	Number of credits enrolled _____
• Check one reason for RCL and specify.	
____ RCL for Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)] (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	
____ Medical Reasons [8 CFR 214.2(f)(6)(iii)(C)]	
____ Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)] Program Completion date: _____	
Shorten: Yes _____ No _____	Semester _____
DSO Initials: _____	Date: _____