



Reduced Course Load Request (RCL) Form

U.S. Immigration law requires F-1 students to ENROLL IN AND COMPLETE a full-time course of study during each term. Full-time study is defined as twelve (12) credit hours for undergraduates, (9) credits for Master’s students, and as directed by the Dean of the College for the Doctoral program. Students are required to receive approval from their SEVIS DSO BEFORE dropping below the required number of credit hours in order to remain in status with the Department of Homeland Security F-1 visa regulations. Only certain circumstances are permitted for reduced course loads and the student must enroll in the minimum number of credit hours required by each circumstance. F-1 regulations also limit the number of times reduced course loads can be authorized.

To Be Completed by the Student

NAU Campus on I-20:

Student Name: _____
(Last Name) (First Name) (Middle)

Student ID: _____ SEVIS ID: N00 _____

Program of Study: _____ Expected Graduation Date: _____
(MM/DD/YR)

This request is for the Fall _____ Spring _____ Summer _____ Winter _____ Year _____
(Requests can only be made for one term at a time. This form only applies to the term noted.)

Reason for Reduced Course Load (RCL) Request

What is the reason you are requesting a reduced course load? Check one.

- Medical (Temporary Illness or Medical Condition) – The following item is required: Letter from a U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist on letterhead. The letter should list the a) Specific medical condition, b) The date the medical condition began c) The term the condition is impacting d) The limitations created by the illness or medical condition that require the student to drop below full-time and e) The expected recovery time. The letter cannot be more than 1 month old from the start of a term. If recovery is not expected until the following term, an updated letter and new request will need to be submitted to the DSO for an additional term. Unless the letter states that a medical leave (zero credit hours for the term) is needed, you will need to enroll in the minimum number of credit hours allowed by your healthcare provider.

Academic Difficulty – Requests can only be considered for the reasons listed on the next page. Please you’re your Director of Student Success/DSO complete the section on the next page. Note: Recommendation for a reduced course load by an Academic Advisor does not guarantee approval by your DSO. If approved for a reduced course load by your DSO, you must enroll in the minimum number of credit hours listed next to the reason. You confirm that you understand the educational implications of this request, as reviewed with you by your Director of Student Success.

Student Signature: _____

Date: _____
(MM/DD/YR)



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To be completed by the student's Director of Student Success:

CERTIFICATION FOR F-1 INTERNATIONAL STUDENTS REQUESTING TO ENROLL IN LESS THAN FULL-TIME

Certain circumstances are permitted for F-1 student reduced course loads. The Department of Homeland Security (DHS) has approved the following circumstances. Since you are in the best position to supply information about this student's academic situation, please indicate which of the following situations, if any, explains why the student will not register full-time.

Please check the only item that applies.

As Academic advisor, I recommend that this student be considered engaged in a reduced course of study because the student:

- Is experiencing initial difficulties with reading requirements or with the English language (Academic Difficulty--cannot drop below 9 credit hours if undergraduate, 4.5 if in the Master's program)
Is in the first academic year and is unfamiliar with American teaching methods (Academic Difficulty cannot drop below 9 credit hours if undergraduate, 4.5 if in the Master's program).
Has been advised to drop a course because of improper course level placement (Academic Difficulty--cannot drop below 9 credit hours if undergraduate, 4.5 if in the Master's program).
Is graduating this term and is completing all of the degree requirements. Please indicate number of credits remaining:
Is enrolled in a full-time academic program or full-time internship as specified by the academic unit. Please attach a letter on letterhead listing the name of the academic program and its definition of full-time.

As the Director of Student Success, I am aware of the circumstances described above and have reviewed the educational implications for this student.

Director of Student Success's Signature: _____

Date: _____ (MM/DD/YR)

Print Name: _____

Please return the form to your DSO

To be completed by the DSO

For students requesting a medical RCL:

- 1. Does the student's medical documentation meet SEVIS requirements for a medical leave/medical RCL? Yes No
2. If yes, will the student be enrolled during the first 31 days of the term for which they are requesting an RCL? Yes No

If responded "no" to questions 2, please include the fully executed Reduced Course Load - Medical Request form to include all medical documentation to be imaged to the student's electronic record.

Do not authorize an RCL in SEVIS unless student has an approved waiver or pre-approved coverage by a health insurance company.

For students requesting an Academic RCL:

Approved? Yes No

For All RCL Requests:

DSO Signature: _____

Date: _____ (MM/DD/YR)

DSO Printed Name: _____