**Section 1. General Information:**

F-1/J-1 students must enroll full-time each semester until ALL program requirements are completed. Submit an RCL BEFORE you enroll below full-time.

Reduced Course Load (RCL) means:
- Less than 12 credit hours per semester for undergraduate students;
- Less than 9 credit hours per semester for graduate students; and
- Less than 12 credit hours per semester for law students.

**SUMMER:** There is no requirement to register during Summer vacation period. **Exceptions:** (1) if you must be enrolled to keep your on-campus employment or graduate assistantship and/or (2) if the Summer semester is your first or last semester of study.

If you have a Graduate Assistantship, you must be enrolled in at least 9 credit hours.

You are responsible for checking with your department, Graduate School, Student Employment or funding agency about any enrollment requirements separate from immigration.

**Section 2 (should be completed by the student):**

Your Name (LAST, First): __________________________________________ UA ID#: _____________________________

Your E-mail: __________________________________________ Major/Degree _________________________

Semester for which you request permission for RCL:     Fall _____   Spring _____   Summer _____   Year _______

**Reason for RCL (Please mark the appropriate box):**
- ☐ Academic difficulties. First semester only. You must maintain a minimum of 6 credits if undergraduate, and 5 credits if graduate. **Please indicate the kind of difficulty:**
  - ☐ Initial difficulty with the English language and reading requirements
  - ☐ Initial unfamiliarity with American teaching methods.
  - ☐ Improper course level placement.
- ☐ Medical. Please attach a letter from a Medical Doctor (MD, DO, or licensed clinical psychologist (LCP)) recommending reduced course load or leave of absence.
- ☐ Last semester of a student’s academic program (final program requirements). If this is your final semester and you only need one course, it cannot be distance/online. **End date on I-20 will be shortened to the end date of the current semester.**

I have read and understand the above requirements for the Reduced Course Load, and I confirm that the information I have provided is true and correct.

**STUDENT SIGNATURE:** __________________________________________ DATE:__________________

**Section 3 (Must be completed by your Academic Adviser):**

☐ I confirm the reason above and recommend RCL    ☐ I don’t recommend RCL.

Comments:

Adviser’s Name: __________________________________________ Title: __________________________________________

Department: __________________________________________ E-mail: __________________________________________

Signature: __________________________________________ Date: ____________________ Dept’s ZIP Code (4-digit number): __________

For International Center use only:

☐ RCL Granted    DSO/ARO Signature: __________________________________________

☐ RCL Denied    Date Completed in SEVIS: __________________________________________