

REDUCED COURSE LOAD (RCL) REQUEST

First Name	Last Name		Student ID	
Anticipated Graduation Date	Semester Fall 20	Requested Spring 20	Summer 20 (one	e semester per form)
Reason for Reduced Course	Load (please atta	ch supporting do	ocumentation)	
\square Student is experiencing in	nitial difficulties wi	th reading requi	rements or with the Eng	glish language
☐ Student is initially experie	encing difficulty wi	th American tea	ching methods	
☐ Student has been advised authorized per program leve	•	•	oper course level placer	nent (only
☐ Student is completing pro	ogram of study this	s term (I-20 end	date will be shortened)	
☐ Student is enrolled concu	rrently at another	college/universi	ty	
\square Student is enrolled in a fu	ıll academic progra	am as specified k	y the academic unit	
\square Student has a graduate te semester hours (student mu	_	•		east three
☐ Student has completed of or clinical practice	ther required cour	sework and is w	orking solely on their th	esis, dissertation,
\square Student has temporary ill doctor)	ness or medical co	ondition (docume	entation must be from l	icensed medical
☐ Other (please specify)				
Academic Advisor's Name		Signature		Date
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