

**Reduced Course Load (RCL)**

Under US federal immigration law, all F-1 students are required to register and complete full-time studies each semester during their academic career. At the C.W. Post Campus of Long Island University, 12 credits is considered full-time for undergraduate students and 9 credits is considered full-time for graduate students. However, the law allows certain **deviations** from full course of study requirements. **This form must be submitted and approved by ISS prior to the Academic Advisor or student deciding to drop below full-time status.**

**To be eligible for a RCL:**

1. Your academic advisor must complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to the following:
  - a. Initial difficulties with English
  - b. Initial difficulties with the reading requirements
  - c. Unfamiliarity with US teaching methods
  - d. Improper course placement
2. Your academic advisor must complete form indicating you are in your final semester of coursework prior to the completion of your degree requirements.
3. If you are suffering from an illness or medical condition, you must provide us with documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist describing the nature of your illness or condition. You must also be evaluated on campus health services professional and /or counselor (299-2345).

**To apply for RCL, you must:**

1. Still be enrolled full-time at the time of the request. If you already dropped below, you do **NOT** qualify.
2. Complete this application and submit it to International Student Services (ISS). Your application must be approved by ISS **BEFORE** you drop any classes.

Your application will be reviewed by ISS and, if approved, you will be given authorization to reduce your course load for a specific period of time. **A RCL based on academic difficulty may only be authorized for one term during your entire program of study.** A RCL for illness or medical condition may be extended if there are serious circumstances requiring such an extension.

**You are required to resume a full course of study in the following semester immediately following your RCL.**



**TO BE COMPLETED BY STUDENT**

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
ID/Social Security#

\_\_\_\_\_  
SEVIS #

\_\_\_\_\_  
Major

\_\_\_\_\_  
Semester applying

\_\_\_\_\_  
Degree Level (Bachelors, Masters, Doctorate)

The reason for the RCL is:

- Academic difficulty** (please check one):
  - Initial difficulty with English
  - Initial difficulty with reading requirement
  - Unfamiliarity with US teaching methods
  - Improper course level placement
- Final semester of coursework prior to completion of all degree requirements.**
- Illness or medical reason** (attach documentation)

- I understand that a reduced course load based on **academic difficulty** may only be authorized for one term during my entire program of study.
- I understand that a reduced course load based on **medical reasons** may only be authorized one semester at a time and for a maximum of 12 months consecutively.
- I understand that a reduced course load based on completing all coursework during this semester indicates that I am completing my final semester of coursework and will graduate at the end of this term.
- I understand that I am required to resume a full course of study in the semester immediately following my reduced course load.

I understand that I am responsible for maintaining my legal status in the United States and I understand the rules related to dropping below full time status. I have read the information presented in the deviation from full time status packet. I certify that the information presented by me in this application is correct and complete to the best of my knowledge. I understand if any of this information on this form is misrepresented, the ISS office will not be held responsible and any resulting violation of immigration regulations will be my sole responsibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

-----Staff Use Only-----

Staff Initial:	_____
Date Approved:	_____
RCL Dates:	_____
RCL Reason	_____

**ACADEMIC ADVISOR RECOMMENDATION**

I recommend (student name) \_\_\_\_\_  
for a reduced course load of \_\_\_\_\_ credits (not less than 6) for the  
\_\_\_\_\_ (semester, year) for the following academic reason:

- Student is in final semester of course work and will complete all degree requirements this semester.
- Academic difficulties:
  - Initial difficulty with the English language.** Describe the difficulty and why it is considered initial: \_\_\_\_\_
  - Initial difficulty with reading requirements.** Describe the difficulty and why it is considered initial: \_\_\_\_\_
  - Unfamiliarity with US teaching methods.** Describe the difficulty the student is experiencing: \_\_\_\_\_
  - Improper course level placement.** Describe the reason for the improper placement: \_\_\_\_\_

The student's expected degree completion date is: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

**Advisor's name:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**For ISS Use Only:**

**Approved**    Period covered: \_\_\_\_\_  
SEVIS RCL Authorization date: \_\_\_\_\_

**Denied**    Reason: \_\_\_\_\_

DSO Initial: \_\_\_\_\_