UNIVERSITY OF THE DISTRICT OF COLUMBIA
F-1 REQUEST FOR REDUCED COURSE LOAD (RCL)

General Information: A request for part-time attendance requires approval from the Designated School Official (DSO), and an Academic Advisor. If your reason for requesting a reduced course load is not described in the list below, the International Admission Advisor must reject your petition. A student who drops below a full course of study without prior approval of the DSO will be considered out of status.

Please Note

- **Academic Difficulties:** can only be granted *once per educational/degree level*. If the student has already been granted part-time enrollment for academic difficulty (even at another school), at the current academic level, then the student may not request part-time enrollment again due to academic difficulty. The student’s advisor must submit documentation substantiating the academic reason for the reduced course load. Students who are granted part-time enrollment due to academic difficulties are expected to resume a full-course of study in the next available term, with the exception of the summer term.

- **Completing the Current Term and/or Graduation:** If fewer courses than normal are needed to complete the course of study, the Designated School Official (DSO) can authorize part-time enrollment during the final term. **Part-time enrollment approval for this reason can be used only once.** If a student does not graduate by the end of the term, the student must register for a full-course of study in the next available term, with the exception of the summer term.

- **Temporary Illness and/or Medical Condition:** A reduced course load (part-time) or leave of absence (if necessary) can be approved for a student due to a temporary illness or medical condition. It can only be approved for a total of 12 months (2 academic semesters). A request for medical reasons requires documentation from a licensed medical doctor. Twelve months of previously authorized part-time enrollment due to illness or medical reason may not be authorized to reduce his or her course of study again, at the same program level. **Documentation verifying the medical condition must be submitted every semester.** If more than 12 months is needed for the student to recuperate from the medical condition, USCIS expects the student to change to another status or depart the United States.

**DO NOT REQUEST REDUCE COURSE LOAD IF YOUR REASONS INCLUDE:**

- Lack of funding
- Class is not offered in a given semester
- Personal matters not of a medical nature
- Academic departments decrease their course offerings in a given semester.
F-1 REQUEST FOR REDUCED COURSE LOAD (RCL)

Date Submitted: _____________________

Student’s Last name: ________________________ First name: _________________________________

Student ID#: ______________________ SEVIS #: __________________________

E-mail: ________________________________

Reduced Course Load request: (select one only)

☐ Fall 20____
☐ Spring 20 _____
☐ Academic Year (for leave of absence only): 20____

Student is requesting less than a full course load (part-time) for the following reason (select one only):

☐ ACADEMIC DIFFICULTIES: (select one): The student will enroll in ____ credits.

☐ Initial difficulty with the English language
☐ Initial difficulty with the reading requirements
☐ Unfamiliarity with American Teaching methods
☐ Improper course level placement

☐ TO COMPLETE COURSE OF STUDY IN CURRENT TERM (final semester):
The student will enroll in ______ credits.

☐ ILLNESS OR MEDICAL CONDITION: The student will enroll in ____ credits.

______________________________ _____________________________ Phone: (       )__________
Print Student’s Name Signature of student

______________________________ _____________________________ Phone: (       )__________
Name of Academic Advisor Signature of Academic Advisor

For Medical Reduced Course Load ONLY

______________________________ _____________________________ Phone: (       )__________
Name of Physician Signature of Physician

-------------------------------------- International Admission Advisor use only-----------------------------------

Reviewed by: ________________________________ ☐ Noted in SEVIS: on ____/____/____
(Name of DSO)