

Reduced Course Load (RCL) Request Form

To maintain F-1 status, international students must be enrolled in a full course of study each fall and spring semester (summer enrollment is optional if it is not your first semester). Undergraduate full-time enrollment is 12 credits hours and Graduate full-time is 9 credits hours. Part-time undergraduate borders commuters must be enrolled for at least 6 hours and part-time graduate border commuters for at least 3 hrs.

There are only certain reasons which U.S. Immigration will accept for enrolling less than full-time. The acceptable reasons are listed below. For any semester in which you are enrolled less than full-time, please complete the following form, and have your academic advisor sign the bottom section, if the advisor feels that you have a valid Immigration reason. Please note that immigration regulations do not consider financial difficulties a valid reason for enrolling less than full time.

PERSONAL INFORMATION

STUDENT'S FIRST NAME: _____ LAST NAME: _____

UTRGV STUDENT'S ID#: _____ SEVIS #: _____

MAJOR: _____ DATE OF EXPECTED GRADUATION: _____

CLASSIFICATION: FRESHMAN SOPHOMORE JUNIOR SENIOR MASTER PHD

REQUESTING REDUCE COURSE LOAD FOR: SPRING SEMESTER, 20__ FALL SEMESTER, 20__ REGISTERED HRS: _____

HAVE YOU PREVIOUSLY BEEN APPROVED FOR AN RCL? NO YES IF YES, WHEN _____
 Semester/Yr.

SELECT ONE REASON FOR REDUCED COURSE LOAD & FILL ACCORDINGLY

REDUCED COURSE LOAD BASED ON ACADEMIC REASON

A DSO may authorize a reduced course load for a student experiencing academic difficulties, but only on the basis of the following reasons specified in the regulations.

- Allowed only ONCE per degree level.
- Must maintain at least 6 credit hours.

To be filled by an ACADEMIC ADVISOR/PROGRAM COORDINATOR only:

Advisor, please select one of the following recommendations:

- Initial difficulties with English Language or initial difficulties with reading requirements. (Allowed in 1st semester only)
- Unfamiliarity with American teaching methods. (Allowed in 1st semester only)
- Improper Course Level Placement: (Advisor must provide rationale. Note: Failing a course is not a reason to drop a course).

Reason why this course improper: _____

- Course(s) to be dropped: _____ (ex: Math 1302 05)
Subject Course Number Section

Dear Advisor, please be aware that this document is used by the International Admissions and Student Services to justify to the U.S. Citizenship and Immigration Service (USCIS) why an international student is carrying a reduced course load. In the case of a USCIS audit of our records, this document will be presented to the federal investigator conducting the audit.

 Name of Academic Advisor Signature of Academic Advisor Date

REDUCED COURSE LOAD BASED ON CONCURRENT ENROLLMENT

An F-1 student may be enrolled in two different SEVP approved schools at one time as long as the combined enrollment amounts to a full-time course of study and the classes taken will count towards degree requirements.

- Requires Signature from Academic Advisor below.
- Attach copy of Concurrent Enrollment Letter from other institution.
- Attach copy of Class Schedule from other institution.

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 Name of Academic Advisor Signature of Academic Advisor Date

REDUCED COURSE LOAD BASED ON FINAL SEMESTER

- Only allowed only during your final semester.
- Requires Academic Advisor/Program Coordinator signature.
- End date on I-20 will be shorted to the last class day on the semester for the RCL requested.

To be filled by an ACADEMIC ADVISOR/PROGRAM COORDINATOR only:

Advisor, please select one of the following recommendations:

- Undergraduate/Graduate completing degree during the current semester; last semester of study; failure to graduate is a violation of status. Program completion Date: _____
- Graduate student who has completed all formal coursework and is preparing for comprehensive exams
- Graduate student who has completed all formal coursework and is involved in thesis or dissertation

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_____	_____	_____
Name of Academic Advisor	Signature of Academic Advisor	Date

REDUCED COURSE LOAD BASED ON MEDICAL REASON

- Maximum 12 months aggregate allowed
- Requires signature from Academic Advisor
- Must Acknowledge and Submit [Medical Reduced Course Load Guidelines Form](#)
 - Will require approval from [Student Accessibility Services](#)
- Must Provide Recommendation Letter from Medical Doctor – [Example of Template Required](#)

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_____	_____	_____
Name of Academic Advisor	Signature of Academic Advisor	Date

STUDENT ACKNOWLEDGEMENT

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. If applying for RCL-Medical Reason, I acknowledge all guidelines in [Medical Reduced Course Load Guidelines Form](#). I understand all withdrawals must be processed by the student according to university procedures through the Registrar’s office. I will not drop my class until I have received approval from our office. I will be issued a new I-20 that authorizes me to be enrolled less than full time for the given semester and my I-20 program end date might change due to my request. I understand that if I withdraw from the semester, I will not be eligible to continue working on-campus.

Student Signature: _____ **Date:** _____

FOR IAAS USE ONLY.	
<input type="checkbox"/> Updated Banner – GOASEVS <input type="checkbox"/> I20 Issued <input type="checkbox"/> I20 End Date Shorten _____ mm/dd/yyyy <input type="checkbox"/> Medical RCL- Approved by SAS: YES NO	DSO Approving: _____ Date Approved: _____