

REDUCED COURSE LOAD (RCL) REQUEST

First Name	Last Name		Student ID	
Anticipated Graduation Date	Semester Fall 20	Requested Spring 20	Summer 20 (one	semester per form)
Reason for Reduced Cours	se Load (please attac	ch supporting c	locumentation)	
☐ Student is experiencing	initial difficulties wi	th reading requ	irements or with the Eng	lish language
☐ Student is initially expe	riencing difficulty wi	th American te	aching methods	
☐ Student has been advise authorized per program le	•	•	roper course level placen	nent (only
\square Student is completing p	program of study this	term (I-20 end	I date will be shortened)	
☐ Student is enrolled cond	currently at another	college/univer	sity	
\square Student is enrolled in a	full academic progra	ım as specified	by the academic unit	
☐ Student has a graduate semester hours (student m	-	• •		east three
☐ Student has completed or clinical practice	other required cour	sework and is v	vorking solely on their the	esis, dissertation,
\square Student has temporary doctor)	illness or medical co	ndition (docum	nentation must be from a	licensed medical
\Box Other (please specify)				
Academic Advisor's Name		Signature		Date