

Reduced Course Load Request

International Programs and Services
122 Yoakley Hall
Johnson City, Tn 37614
Phone: 423-439-7737

This form is used by F-1 students who request pre-approval to enroll part-time during fall and spring terms. Permission will be granted depending on the circumstances and as allowed by law. International students must **NOT enroll part-time without prior approval from International Programs and Services** (IPS). Failure to obtain prior approval for part time enrollment is a violation of the F-1 immigration regulations and requires immediate termination of students' SEVIS immigration records. Students need to submit this Reduced Course Load form to IPS as early as possible before classes begin.

Detailed information on the permitted reasons for part time enrollment found here: <http://www.etsu.edu/honors/international/current/maintain.aspx>

Student Information

Name _____ E No. _____

Country of Citizenship _____ Email _____@etsu.edu

Education Level Bachelor Master Doctoral Non-degree

Major _____ Total number of class credits you will register _____

Date Requested _____ Semester for which RCL is requested _____

Student Signature

Date

Reason for Reduced Course Request

Check one of the following:

Academic Difficulties: Allowed only in the first semester in the U.S. **Requires Academic Advisor's Signature.**

Initial Adjustment Issues: Having difficulties with the English language, reading requirements, or unfamiliarity with American teaching methods. This cannot be selected more than 21 days after classes begin.

Improper Course Level Placement: Having difficulty with class/es due to improper course level placement which may include not having the prerequisites for a course, or insufficient background and experience to complete the course at this time. **Requires Course Instructor's Signature.**

Final Semester: **Requires Academic Advisor's Signature.**

Illness or Medical Excuse: Requires letter from a medical doctor, doctor of osteopathy, or licensed clinical psychologist/therapist.

o Letter must state the nature of the medical condition, reason for reduced course load, and how many hours can be taken for the semester. (Can be zero hours)

o Medical excuses are good for one semester at a time and a student can only accumulate one year total of RCL for medical reasons.

I _____ verify that _____
Intl. Student Advisor, Academic Advisor, or Instructor Name (Please Print) Student Name (Please Print)

Has Academic Difficulties for: Initial Adjustment Improper Course Level Placement

Will complete all course requirements necessary for graduation by the end of this semester.

Intl. Student Advisor, Academic Advisor, or Instructor Signature

Date