Reduced Course Load (RCL) for F-1 and J-1

To maintain F-1 and J-1 status, international students must be enrolled in a full course of study each fall and spring semester. Summer enrollment is only required if it is the first or last semester of enrollment.

Full-time requirements for Fall and Spring:
- √ **Undergraduate students are required to enroll for 12 credit hours.**
- √ **Graduate students are required to enroll for 9 credit hours.**
  - √ **Students holding an assistantship appointment (GTA, GRA, or GA) may be in 6 credit hours.**
- √ **ELP students are required to enroll in 18 credit hours.**

Full-time requirements for Summer (if summer is first term):
- √ **Undergraduate students are required to enroll for 12 credit hours.**
- √ **Graduate students are required to enroll for 6 credit hours.**
  - √ **Students holding an assistantship appointment (GTA, GRA, or GA) may be in 1 credit hour.**
- √ **ELP students are required to enroll in 18 credit hours.**

Regulations provide limited circumstances when an international student may be authorized for an RCL. These include academic reasons, medical issues and completion of study during the final term. In order to request approval to reduce your course load, you must have this form completed and signed by your department or medical doctor. Requests from graduate students will also be reviewed by the Graduate School. Student and advisor will be notified if this request is denied.

Note:
- Students requesting final semester Reduced Course Load (RCL) approval needing to enroll in only one course, must ensure the one course is not online or distance education. You must enroll in a course that has an in-person instruction mode.
- Students approved for an RCL may not be eligible for student hourly or assistantship appointments. These appointment types have minimum enrollment requirements. Please visit with your department HCS liaison about this issue.

You must receive PRIOR permission from ISSS to reduce your course load.
Do not enroll for less than full course load or drop below a full course load without prior permission.
Permission to reduce is only valid for the semester indicated on this application. If you want to reduce your course load after the withdrawal deadline, additional permission is required from an Academic Dean.

To be completed by the student

Name: _____ KSU WID #: _____
        Family   First

E-mail: _____ Daytime Phone: _____

Visa Type: F-1   J-1   Major(s): _____   Education Level: Undergraduate   Master's   PhD

Semester for which a reduced course load is requested: _____
                                                    Semester/Year

Student's Signature: _____   Date: _____

To be completed by the Academic Advisor/Dept. Graduate Program Director/Medical Official
Please select the circumstances in which the student may be approved for enrolling less than full-time as well as the number of hours the student will enroll in for the semester requested above.

Academic Difficulties

- ☐ Initial difficulty with the English language or reading requirements.

- ☐ Unfamiliarity with U.S. teaching methods.

- ☐ Improper course level placement

Explanation supporting above reason_____

_____

Indicate number of credit hours academically recommended the student enroll: _____

This exception requires the student to maintain at least half the required full-time course load (i.e., undergraduates must enroll for a minimum of 6 credit hours, graduate students for 5 credit hours). You may receive permission to reduce your credit load due to an academic difficulty only once during the current degree level.

Medical Condition

- ☐ Temporary illness or medical condition. This form must be submitted with the signature of an appropriate medical official (as described below) as well as a letter on letterhead signed by said official.

The letter must:

1) **recommend the student reduce a course load due to medical reasons. The letter from the medical professional must state the semester and how many credit hours s/he recommends the student be enrolled (even if it is zero);**
2) **be signed by a U.S. licensed medical doctor, doctor of osteopathy, or licensed psychologist, or licensed clinical psychologist and**
3) **substantiate the illness or medical condition.**

The following wording is suggested: As a "licensed medical doctor" in the United States (or doctor of osteopathy or licensed clinical psychologist), I recommend "Student's full name and date of birth" reduce his/her course load to include "X" number of hours (or withdraw from all classes) due to a temporary illness or medical condition for the "appropriate semester."

After receiving permission, the student may enroll for the number of credit hours recommended by the doctor. You may only receive this permission for a maximum of 12 months (2 academic semesters) during the current degree level.

Final semester or Completion of minimum program requirements

Please provide expected degree completion date: _____

- ☐ **Undergraduate Student:**
  The student is in the <u>final</u> semester of his/her degree program and the remaining credit requirements is less than 12 hours. The student needs _____ number of credits to complete the degree.

- ☐ **Graduate Students:** An approved program of study (POS) must be on file in the Graduate School.

  - o Non-Thesis Option- student is finishing all program requirements as listed on POS during the term requested and is scheduled to graduate the end of the semester noted above.
    Number of remaining hours necessary to complete degree requirements: _____

  - o Thesis/Dissertation Option—student has completed all program requirements. (All requirements listed on the POS, which includes courses and required research hours necessary for degree completion).
    Student will continue to enroll in research/thesis hours while completing thesis/dissertation.

    Number of hours of enrollment for the semester requested per page 1: _____

After receiving permission from ISSS, the student is eligible to be enrolled for the number of credit hours stated on this form. If the application for a reduced course load is based on final semester, the end date on the I-20 or DS-2019 will be adjusted to reflect the actual program completion date and a new I-20 or DS-2019 will be issued.

Signature of Academic Advisor (undergraduates) /Dept. Graduate Program Director (graduates) /Medical Official

I hereby support the request for a reduced coarse load and certify the reason given is accurate. This form will be forwarded on to the Graduate School for review before ISSS can process final approval.

Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail: _____ Phone: _____

Graduate School Section: Review of academic program.	Comments per review of file:
POS on file: Yes ☐ No ☐ Stamped Approval of Graduate School:	

ISSS Office Use: Request for RCL approved: Yes ☐ No ☐ I-20/DS-2019 end date edited: Yes ☐ No ☐ New I-20/DS-2019 printed: Yes ☐ No ☐	DSO Approval Stamp/Signature: