

Reduced Course Load Request

Please TYPE your responses on this form. The Office of International Student and Scholar Services does NOT accept handwritten forms.

F-1 students who wish to drop below full-time enrollment must obtain approval for a reduced course load (RCL) by submitting this form — and additional documentation if required — to the Office of International Student and Scholar Services.

To maintain legal immigration status, an F-1 student may NOT drop below full-time enrollment without prior approval from the Office of International Student and Scholar Services.

Type your answers into the required fields and email this form and any additional required documentation as a PDF attachment to your Designated School Official. The DSO for undergraduate students is Eunice Davis (eunice-davis@utc.edu), and the DSO for graduate students is Lora Cook (lora-cook@utc.edu).

U.S. Citizenship and Immigration Services places responsibility on the student to understand and comply with immigration law. Failure to comply with these regulations will mean the loss of your F-1 international student status. This has very serious consequences. For example, you could be barred from reentering the U.S. for up to 10 years, depending on the length of your status violation.

TO BE COMPLETED BY THE STUDENT

Student Information	
First Name:	Family Name:
UTCID:	
U.S. Street Address:	
City/Town:	
Phone Number:	
Requested RCL Term: Fall Spring Year:	
Reason for Requesting an RCL (Select ONE):	
Medical Condition(s) Academic Difficulty	Final Term Enrollment











If the reason for requesting an RCL is Medical Condition(s), you must submit a letter written by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist on professional letterhead stating that a specific illness or medical condition has compelled you to reduce or interrupt your course of study. The letter should also specify the semester, whether your studies will be reduced OR interrupted, and whether the medical condition is considered ongoing.

If the reason for requesting an RCL is Academic Difficulty, \boldsymbol{p}	lease select one of the following:
☐ Initial Difficulties ☐ Improper Course Level Placement	i e
Explanation:	
If you selected Initial Difficulties, please select the o	lifficulties you have experienced:
☐ English Language ☐ Reading Requirements ☐ Unfamiliarity with U.S. Teaching Methods	
Explanation:	
If the reason for requesting an RCL is Final Term Enrollment	, please read and sign the following:
I understand that if I obtain a Final Term RCL and do not finis semester, I risk losing OPT employment, may be required to may fall out of legal status.	, , ,
Student Signature:	Date (MM/DD/YYYY):











TO BE COMPLETED BY THE ACADEMIC ADVISOR Do you recommend that the student fall below full-time enrollment (12 credit hours for undergraduate students; 9 credit hours for graduate students)? Yes No Requested Reduced Course Load Term Approved: Fall Spring Year: List the name, subject, number, and credit hours for each course the student will take during the RCL semester: **Course Name Course Subject Course Number Credit Hours** Student's Expected Graduation/Program Completion Date: Fall Spring Summer I Summer II Year: Description of medical condition or academic difficulty (if applicable): Specific degree requirements remaining: **Academic Advisor Information** Name: _____ Phone Extension: _____ Email: ______@utc.edu Signature: _____ Date (MM/DD/YYYY): _____ FOR THE OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES USE ONLY Approved ____ Denied I-20 Issue Date: _____ Center for Global Education Signature: _____



Date (MM/DD/YYYY): _____





