

REDUCED COURSE LOAD (RCL) REQUEST FORM

Student Information:

Last name _____ First name _____ Middle name _____

Student ID #: _____ SEVIS #: _____ Date of birth: _____

Visa Type: ☐ F-1 ☐ Other: _____ ☐ I am currently an ELI student ☐ I am NOT currently an ELI student

Major: _____ Academic Level: _____ Email: _____

Immigration regulations require students in F-1 status to be enrolled full-time or an authorized equivalent every fall and spring semester of their program in order to maintain valid status unless they are eligible and authorized for an academic or medical Reduced Course Load (RCL).

Jackson College requires a minimum of 12 credit hours of undergraduate course work each semester for full-time enrollment in academic programs and 16 credit or 18 contact hours for English language learning students.

Please carefully read the information below and check the box that applies to you:

- ☐ Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)] – Specify and remember you can use one of the following four academic difficulty reasons during the 1st semester only AND must still be enrolled at least half-time.
 - ☐ initial difficulties with English language
 - ☐ unfamiliarity with American teaching method
 - ☐ initial difficulties with reading requirements
 - ☐ improper course level placement
- ☐ Medical Reason [8 CFR 214.2(f)(6)(iii)(B)] – attach an official letter on letterhead stationery from a US-licensed medical doctor, doctor of osteopathy, or -clinical psychologist including detailed diagnosis, treatment plan, and prognosis. Does not require a signature from his/her academic advisor in Section B of this form (below). Please see attached for additional guidance regarding documentation for medical reasons.
- ☐ Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)] – Expected to complete study by the semester listed above and must graduate this semester. F-1 students in their final semester must have at least one in-person class to maintain F-1 status. They cannot take their sole remaining course in online format. Reduced course load for last semester must be approved before the end of the first week of the student's final semester.

I understand that it is my responsibility to drop my course, only after the RCL has been approved by an ISI DSO.

Student name (printed)

Student signature

Date

SECTION B: TO BE COMPLETED BY STUDENT'S STUDENT SUCCESS NAVIGATOR

- ☐ I have reviewed and recommend the above request. I certify that information provided on this form is accurate in conformance with applicable Departmental, College policies, and is in the best interest of the student's successful academic progress.
- ☐ I do NOT recommend that the above request be granted to this student for the following reason(s):

Student Success Navigator Name: _____

E-mail: _____

Signature: _____

Date: _____

SECTION C: TO BE COMPLETED BY ISI DSO

☐ Approved _____

DSO Signature: _____

Updated in SEVIS Date: _____

☐ Denied: Reason for denial_____

Date: _____

Notes: