



Reduced Course Load (RCL) Request

This form is used by F-1 students who intend to enroll less than full-time, to obtain their advisor's approval. An approval for reduced course load must consist of at least 6 credits (UG) or 1 credit (GR), except for medical conditions. The student must not drop/withdraw below a full course of study without prior approval from IPS. Any less than full course load without the approval of IPS will be considered an out of status situation. Students need to submit a new Reduced Course Load form each semester that he/she plans to be enrolled less than full-time. This form can be uploaded to the Reduced Course Load Request Form by the student.

To Be Filled Out by Student

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) _____ " _____ Email _____ @mtu.edu
- _____ O _____ " _____ U _____) _____ V

U _____ Total number of reduced credits you will register

Concurrent School Name and Phone Number (if applicable)

Date Requested _____ Semester for which RCL is requested

Have you ever received authorization for a reduced course load at a previous U.S. school? Yes No

If yes, please include the following:

Dates _____ Reason _____ Program Level _____

To Be Filled Out by Academic Advisor

Check one of the following:

Academic difficulties (*the last date to apply for RCL due to academic difficulties is the Friday of 10th week of classes*)

Improper course level placement* Initial difficulty with reading requirements*

Initial difficulty with the English language* Unfamiliarity with American teaching methods*

Illness or medical condition (*medical documentation required*)

Concurrent enrollment

To complete course of study in current term* (*Please note that we will change the student's program end date to the current semester. If the student is not able to complete the degree as estimated, they will be deemed as **out of status.***)

***Academic Advisor Approval required**

I _____ verify that _____ will complete all academic and
Academic Advisor Name (Please Print) Student Name (Please Print)
research requirements necessary for graduation by the end of this semester.

Academic Advisor Signature _____ Email _____ Date _____

For IPS Only

DSO Name _____ Date _____ Approved Denied