

**REDUCED COURSE LOAD**

MAKE AN APPOINTMENT WITH YOUR ISA AND BRING THIS FORM COMPLETED AND SIGNED TO YOUR APPOINTMENT

Last Name	First Name	UFID	Telephone Number
E-Mail	College	Major	Degree Level

**SEMESTER/YEAR:** \_\_\_\_\_ **TOTAL NUMBER OF CREDITS ENROLLED AFTER DROP\*:** \_\_\_\_\_

**Student is requests a REDUCED COURSE LOAD because of (indicate reason):**

**ACADEMIC REASONS (To be completed by Instructor or Academic Advisor)**

Students may only be approved once for academic reasons per degree level.

1. \_\_\_ Improper course level placement (\*)
2. \_\_\_ *Initial* difficulties with the English language (\*, #)
3. \_\_\_ *Initial* difficulties with reading requirements (\*, #)
4. \_\_\_ Unfamiliarity with U.S. teaching methods (\*, #)

*\* a student must maintain at least six credit hours  
# applicable only during the first year in the United States*

I recommend the above named student be allowed to take a reduced course load:

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL REASONS**

A student's *temporary* illness or medical condition can reduced course load (or, if necessary, no course load) for a period of time not to exceed an aggregate of 12 months. Student must provide a letter on letterhead signed by an appropriate medical official in order to request an RCL for medical reasons. This letter must:

- Include the student's full name and date of birth
- Recommend the student take a reduced course load due to medical reasons
- Be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
- Be dated and specify for which semester the reduced course load (or, if necessary, no course load) is being recommended

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Approval Signature of ISS DSO/ARO: \_\_\_\_\_ Date: \_\_\_\_\_