

# Reduced Course Load Request

International Programs and Services

122 Yoakley Hall

Johnson City, Tn 37614

Phone: 423-439-7737

This form is for F-1 students requesting part-time enrollment during fall and spring terms. Permission will be granted depending on the circumstances and as allowed by law. **International students must receive DSO approval BEFORE enrolling part-time. Failure to obtain prior approval for part time enrollment is a violation of the F-1 immigration regulations and requires immediate termination of students' SEVIS records.** Departmental or medical provider approval is required for all reduced course load requests. Students need to submit this Reduced Course Load form to IPS as early as possible before classes begin. Reasons for part time enrollment found here: <https://www.etsu.edu/honors/international/current.php>

## Student Information : To be completed by Student

Name:

E No:

Country of Citizenship:

ETSU Email:

Education Level:

Major:

Semester requesting an RCL:

Total credit hours you will register:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Reason for Reduced Course Request: To be completed by Applicable Official (see below)

Check one of the following:

Academic Difficulties: Allowed only in the first semester in the U.S. **Requires Academic Advisor/Grad. Coordinator Signature.**

Initial Adjustment Issues: Having difficulties with the English language, reading requirements, or unfamiliarity with American teaching methods. This cannot be selected more than 21 days after classes begin.

Improper Course Level Placement: Having difficulty with class/es due to improper course level placement which may include not having the prerequisites for a course, or insufficient background and experience to complete the course at this time. **Requires Course Instructor's Signature.**

Final Semester: **Requires Academic Advisor/ Grad. Coordinator Signature.**

Illness or Medical Excuse: **Requires letter** from a medical doctor, doctor of osteopathy, or licensed clinical psychologist/therapist.

- Letter must state the nature of the medical condition, reason and dates for reduced course load, and how many hours can be taken for the semester. (Can be zero hours)
- Medical excuses are good for one semester at a time and a student can only accumulate one year total of RCL for medical reasons.

I \_\_\_\_\_ verify that \_\_\_\_\_  
Academic Advisor/ Grad. Coordinator, or Instructor Name (Please Print) Student Name (Please Print)

Has Academic Difficulties for:

Will complete all course requirements necessary for graduation by the end of this semester.

\_\_\_\_\_  
Academic Advisor/ Grad. Coordinator, or Instructor Signature

\_\_\_\_\_  
Date