

## REDUCED COURSE LOAD

BRING THIS FORM COMPLETED AND SIGNED TO YOUR APPOINTMENT WITH YOUR INTERNATIONAL STUDENT ADVISOR (ISA)

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

| COURSE DROP INFORMATION   |                        |                |                   |
|---|------------------------|----------------|-------------------|
| Semester / Year   | Course Prefix / Number | Section Number | Number of Credits |
| <input type="checkbox"/> FALL <input type="checkbox"/> SUMMER<br><input type="checkbox"/> SPRING    YEAR: _____ | _____ / _____          | _____          | _____             |

**ACADEMIC REDUCED COURSE LOAD [May only be completed by ACADEMIC PERSONNEL (i.e.: Instructor, Academic Advisor, Graduate Chair/Coordinator) PRIOR TO YOUR APPOINTMENT WITH YOUR ISA.]**

Students may only request a Reduced Course Load for academic reasons once per degree level.  
 \* student must maintain at least six credit hours / # applicable only during the first semester in the program

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

**I recommend that this student be allowed to take a reduced course load for the above indicated reason.**

Departmental Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL REDUCED COURSE LOAD**

A student's *temporary* illness or medical condition may allow for a 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: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_

Date: \_\_\_\_\_