

INTERNATIONAL STUDENT SERVICES
DELAWARE STATE UNIVERSITY
1200 North Dupont Highway, Dover, DE 19901
Phone: 302-857-6474/Fax: 302-857-6567

Application for F-1 Reduced Course Load

F-1 international students are required by United States law to pursue a full course of study each fall and spring semester. A full course of study is defined as carrying 12 credits at the undergraduate level, or 6 credits at the graduate level (or the equivalent as approved by your academic advisor on the Full-time Equivalency Form). International students may qualify for a Reduce Course Load (RCL) under certain academic circumstances, an illness/medical condition, or student's **final** semester and he/she needs to take fewer credits than the required full-time status. To apply you must:

1. Still be enrolled full-time. **If you already dropped below, you do not qualify.**
2. Have your academic advisor complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to initial difficulties with English or reading requirements, unfamiliarity with United States teaching methods or improper course level placement.
3. If you are suffering from an illness or medical condition, you must provide us with documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist describing the nature of your illness or condition and the duration of your recovery period.
4. Complete the attached forms and return them to the International Student Services Office, Grossley Hall, Room 115A before taking any action to reduce your course load.

International Student Services Office will review your application and if approved, you will be given authorization to reduce your course load for a specific period of time. A RCL based on academic difficulties may only be authorized one time during your program of study. A RCL warranted for illness or medical condition might be extended if there are serious circumstances necessitating such an extension however; you are required to resume a full course of study in the semester immediately following your Medical RCL authorization (excluding summer). A "hold" will be placed on your student account for the next semester, which will be removed when you report to International Student Services that you are released from your doctor's care and wish to resume your studies.

INTERNATIONAL STUDENT SERVICES
DELAWARE STATE UNIVERSITY
1200 North Dupont Highway, Dover, DE 19901
Phone: 302-857-6474/Fax: 302-857-6567

TO BE COMPLETED BY STUDENT

NAME: Last _____ First _____ D# _____

SEMESTER FOR WHICH YOU ARE REQUESTING A REDUCED COUSE LOAD: _____

MAJOR: _____ PHONE NUMBER: _____ E-MAIL: _____

REASON YOU ARE REQUESTNG A REDUCED COURSE LOAD: Check One:

ACADEMIC DIFFICULTY:

- Initial difficulty with the English language
- Initial difficulty with reading requirement
- Unfamiliarity with U.S. teaching methods or requirements
- Improper course level placement

COURSE OF STUDY COMPLETION:

- Final semester (Circle degree sought: Bachelor, Master, PhD) Sign, date, and proceed to Section II

ILLNESS OR MEDICAL CONDITION:

- Illness or medical condition **Documentation must be attached.** Sign, date, and proceed to Section II

I have read and understand the conditions of my Request for Reduced Course Load

Signature

Date

**ADVISOR'S RECOMMENDATION (To be completed by Academic Advisor)
INTERNATIONAL STUDENT REDUCED COURSE LOAD**

I recommend (*name of student*) _____

carry a reduced course load of _____ credits (not less than 6 for undergraduate and not less than 3 for graduate) for the _____ semester. (*If student has checked Course of Study Completion or Illness/Medical Condition, proceed to Section II*)

Section I

For the following academic reason:

() Initial difficulty with the English language. *Describe the difficulty and why it is considered "initial"*

() Initial difficulty with the reading requirements. *Describe the difficulty and why it is considered "initial"*

() Unfamiliarity with U.S. teaching methods or requirements. *Describe the difficulty the student is experiencing.*

() Improper course level placement. *Describe the reason for the improper placement:*

Section II

The student's expected graduation date is: _____

Name of advisor: _____

Signature of Advisor: _____

Advisor's phone: _____ email: _____

Department: _____

Date: _____

Office of International Student Services Action:

Approved: _____ Period covered: _____

SEVIS RCL authorized on _____ (date)

Denied: _____

By: _____

Return the form to OISS, Grossley Hall 115A