

REDUCED COURSE LOAD REQUEST FORM

Office of International Programs ♦ 21000 West Ten Mile Road ♦ C405 ♦ Southfield, MI 48075
Phone: 248.204.4100 ♦ Fax: 248.204.4115 ♦ international@ltu.edu

Complete this form and return it and the appropriate supporting documentation as **soon as possible** to the Office of International Programs, located in C405 on the upper level of the Taubman Student Service Center. Submitting this form **does not guarantee** that you will be authorized for a reduced course load. An International Student Advisor must review your situation, and determine if a reduced course load is necessary and meets the regulations for F-1 and J-1 students.

Students who are authorized for a Reduced Course Load (RCL) may not be eligible for CPT, depending on the reason for the RCL. Students who are authorized for CPT and requesting an RCL will be notified if their RCL request conflicts with their CPT authorization.

DO NOT DROP OR WITHDRAW FROM YOUR COURSES UNTIL YOU RECEIVE AUTHORIZATION FROM AN INTERNATIONAL STUDENT ADVISOR.

TO BE COMPLETED BY THE STUDENT

Name: _____ LTU Banner ID: _____

U.S. Home Address: _____

Phone Number: _____ Email Address: _____

Degree Level: ☐ Bachelor's ☐ Master's ☐ Doctorate Major: _____

Seeking Reduced Course Load for: ☐ Fall ☐ Spring ☐ Summer Year: _____

Student's Signature: _____ Date: _____

Please indicate the appropriate reason below:

LAST SEMESTER RCL

If you are finishing the last course(s) for your degree and will graduate at the end of the semester, **you should email your advisor & request that they complete the RCL form online at this address <https://goo.gl/forms/H8V0tQUZuwFpNo1E3>**. You must maintain a valid local address and your final class **MUST** meet on campus. You cannot be enrolled in an online or hybrid class only.

If it is your last semester you do NOT need to submit this form, your advisor will provide all information necessary in the online form.

OTHER RCL REASONS

_____ I have a proven medical reason for a reduced course load. **Please attach a letter from a medical doctor who is licensed in the U.S. stating the length of time for which you need to reduce your course load. The letter must be on the doctor's letterhead and include a signature; a note on a prescription pad is not sufficient documentation.**

_____ I am a Canadian citizen, commuting and attending part-time.

_____ I am a guest student at another school, and I am enrolled in _____ credit hours at that school. **Please attach verification of enrollment at the other school.**

_____ I hold a different visa status. **Please bring in the original documentation of the different status (e.g., permanent resident card, receipt from USCIS confirming the change of status, etc.). The University must see the original document to verify its authenticity.**

_____ I have other compelling reasons for being under enrolled. Please explain in full detail, using the reverse side of this form.

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

☐ RCL less than 12 months ☐ RCL Entered ☐ SEVIS Registered ☐ No CPT conflict/resolved ☐ End of program hold ☐ Student contacted

Processed by: _____
DSO Signature Date entered into SEVIS Date I-20 issued (if different)