



A member of Minnesota State

Reduced Course Load (RCL) Request Form

All international students must be enrolled in a full-time course load each semester (with the exception of the summer break). Students must receive authorization from International Student Services prior to enrolling in a reduced course load or dropping/withdrawing from a course/s.

Full-time Enrollment at Metro State University:
Undergraduate = 12 credits / Graduate = 8 credits

To be completed by the student:

Personal Information	
Metro State ID #:	Date of Birth: ____ (month) / ____ (day) / ____ (year)
Last Name (surname):	First Name (given):
Personal Email:	U.S. Phone number:
Physical Address in MN: (Please verify your address here and type exactly as you see it on the website)	
Street Address:	Apt/Suite/Other:
City:	State: ZIP Code:
Academic Information	
Level of Study: (Undergraduate/Bachelors)	(Graduate/Masters)
Major of Study:	
Reduced Course Load Information	
Academic Term for Request (Term/Yr):	
Reason for RCL: <input type="checkbox"/> Illness or Medical Condition <input type="checkbox"/> Academic Difficulties <input type="checkbox"/> Completion of Course of Study	
Illness or Medical Condition	
<p>The student has an illness or medical condition that interferes with their studies and has consequently been recommended to drop/withdraw from one or more courses.</p> <p><i>**Attach medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending a reduced course load**</i></p> <p>The medical documentation must be on official letterhead and include the following:</p> <ul style="list-style-type: none"> - Full name of the student - Description of the student's illness or medical condition and how it interferes with the student's studies - Recommendation that the student takes a reduced course load or no courses at all - The specific term for which a reduced course load is recommended - Original signature and date - Practice address and phone number 	

For Academic Difficulties or Completion of Course of Study, the student's academic advisor must complete page 2.

To be completed by the student's academic advisor:

Academic Difficulties

The student is experiencing one of the academic difficulties listed below and has consequently been recommended to drop/withdraw from one or more courses. The student must remain enrolled at least part-time for the remainder of the semester. This type of reduced course load may be approved only the 1st semester the student is in the United States.

Attach a written statement from the student's professor/s or advisor describing the circumstances and the course/s to be dropped/withdrawn

Please check one:

- Initial difficulties with the English language
- Initial difficulties with reading requirements
- Unfamiliarity with U.S. teaching methods
- Improper course level placement made by instructor or advisor

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student, and agree with the above reason for this exception. I have written a statement describing the circumstances for which the student is experiencing academic difficulties during their 1st semester in the United States.

Signature: _____

Date: _____

Completion of Course of Study

The student is in their final term of studies and fewer courses are needed to complete the student's degree requirements. This type of reduced course load may be approved only once during the student's academic program.

Attach proof of enrollment in the Graduation Requirements Workshop for the current term

Please list the remaining course/s needed:

Course Code:	Course Title:	# of Credits:	Grade Needed:
Course Code:	Course Title:	# of Credits:	Grade Needed:
Course Code:	Course Title:	# of Credits:	Grade Needed:

As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student, and agree with the above reason for this exception.

I have reviewed the student's DARS/GELS report and confirm that the student is in their final term of enrollment to complete their degree requirements and has fewer than the required number of credits required for full-time enrollment to complete their degree.

Signature: _____

Date: _____