

## **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: \_\_\_\_\_ (mm/dd/yyyy)

Last Name (surname): \_\_\_\_\_ First Name (given): \_\_\_\_\_

Metro State Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_ U.S. Phone number: \_\_\_\_\_

Physical Address in MN (Please verify your address on the [USPS website](#) and type exactly as it appears)

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/Year): \_\_\_\_\_

Reason for Request:

Illness or Medical Condition

Academic Difficulties

Completion of Course of Study

#### **Illness or Medical Condition**

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.

**\*\*Attach medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending a reduced course load\*\***

The medical documentation must be on official letterhead and include the following:

- 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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 1<sup>st</sup> 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 1<sup>st</sup> semester in the United States.*

**Advisor 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.*

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_