Reduced Course Load (RCL) Request  
F-1 & J-1 Students

F-1 & J-1 international students are required by immigration regulations to enroll in a full course of study each quarter excluding summer, unless summer is the final quarter. Full-time is defined as 12 units for undergraduates and EAP students; 10 units for graduate students (5 units for PhD students who have advanced to candidacy) per quarter.

*IMPORTANT:* You must obtain permission from an ISSS advisor BEFORE dropping below full-time. *EAP students must also contact their home institution and UCEAP before dropping any course.

### Section A. To be completed by the Student

<table>
<thead>
<tr>
<th>Surname/Family Name(s):</th>
<th>Given Name(s):</th>
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<tbody>
<tr>
<td>UCSC Student ID:</td>
<td>Quarter of requested reduced enrollment:</td>
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<tr>
<td></td>
<td>☐ Fall 20____  ☐ Winter 20____  ☐ Spring 20____</td>
</tr>
<tr>
<td>Student’s Signature:</td>
<td>Date:</td>
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### Section B. To be completed by Academic Advisor or Instructor

**Please select reason:**

- ☐ **FINAL TERM** (*EAP Reciprocity students are NOT eligible for this reason)*
  
  Student is in final quarter; needs only _______ units to complete degree.

- ☐ **ACADEMIC REASONS**
  
  - ☐ Improper course level placement (please attach letter of explanation)
  - ☐ Initial difficulties with the English language (typically in first term)
  - ☐ Initial difficulties with reading requirements (typically in first term)
  - ☐ Unfamiliarity with U.S. teaching methods (typically in first term)

  Student may only be approved for an academic RCL for **one term per degree level** (Bachelor’s, Master’s, Doctorate), but remain eligible for future reduced course loads for medical reasons and/or the final term. **An RCL for academic reasons must consist of at least half the units required for a full course of study.**

- ☐ **MEDICAL REASONS**
  
  Please attach an official letter on letterhead, as described below. The letter must:
  1) Recommend the student reduce their course load due to medical reasons;
  2) Be signed by a licensed U.S. medical doctor, doctor of osteopathy, or clinical psychologist;
  3) Include the student’s full name and date of birth; and
  4) Be dated and specify for which quarter(s) the RCL is being recommended.

  Students may only be approved for a medical RCL for a cumulative of 12 months per degree level. The illness or medical condition must be temporary in nature, and RCL approval must be obtained from ISSS on a quarterly basis.

**Indicate any course(s) to be dropped:**

<table>
<thead>
<tr>
<th>Course Name/#: ________________________________</th>
<th>Units: _______</th>
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For the reason cited above, I recommend the above-named student be allowed to take a reduced course load.

**Instructor/Advisor’s Signature:**

**Date:**

**Name & Department:**

**Phone:**