



Reduced Course Load (RCL) Request

F-1 & J-1 international students are required to enroll in a full course of study each quarter excluding summer, unless summer is the final quarter. In the academic year, full-time is defined as 12 units for undergraduates and EAP students, 10 units for graduate students, and 5 units for PhD students who have advanced to candidacy. In summer, full-time is defined as 5 units for all levels. **You must enroll in at least one in-person class to maintain your status** (unless approved for zero units on Medical RCL).

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

SECTION A. STUDENT INFORMATION.

Name: _____

UCSC Student ID: _____	Quarter of requested part-time enrollment: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
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Student's Signature: _____ Date: _____

SECTION B. COLLEGE / MAJOR / GRADUATE ADVISOR RECOMMENDATION

Please select reason:

- FINAL TERM** (EAP Reciprocity students are NOT eligible for this reason.)
Student is in final quarter; student will complete _____ units during their final term.
- ACADEMIC REASONS** (typically limited to first term at UCSC, once per degree level)
 - Initial difficulties with the English language
 - Initial difficulties with reading requirements
 - Unfamiliarity with U.S. teaching methods
 - Improper course level placement (**please attach letter of explanation from advising staff or faculty**)

Student may only be approved for an academic RCL **once** per degree level (Bachelor's, Master's, Doctorate), but remain eligible for future RCLs for medical reasons and/or the final term. **Students with an academic RCL must still be enrolled in at least half the units required for a full course of study, and must enroll full-time in the following term.**
- 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 total 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) the student will drop or withdraw from: (Once approved, the student is responsible for dropping the class)

Course Name/#: _____ Units: _____

Course Name/#: _____ Units: _____

Course Name/#: _____ Units: _____

For the reason cited above, I recommend the above-named student be allowed to take a reduced course load.

College / Major / Graduate Advisor's Signature: _____ Date: _____

Name & Department: _____ Extension: _____