



Request for Reduced Course Load

PART ONE: COMPLETED BY STUDENT

Name of Student: _____ UAMS ID: _____

Semester for which reduced course load is requested: _____

Have you received reduced course load in the past at UAMS? Yes No

If yes, when was the RCL authorized? _____

Immigration Regulations require that all F-1 students maintain the following minimum enrollment during the fall and spring semesters:

Graduate Students

*9 credit hours with a minimum of 6 credit hours in person
(unless otherwise noted in the college's student handbook)*

Immigration recognizes that certain situations arise where a student may be authorized to reduce their course load. Valid reasons for students at UAMS include a medical condition or the student's final semester if credits needed for graduation are less than the full-time credits listed above.

Authorization for RCL must be requested on a semester-by-semester basis. In case of illness or other medical condition, total period of RCL may not exceed one year. **If a student was previously approved for RCL for a final semester and was not able to complete the program, that student is required to register at the full-time credit hour status per immigration requirements.**

Note to student and advisor: Reduced course load (RCL) approval for immigration status does not constitute automatic approval of reduction in enrollment for any Graduate program at UAMS. This does not also constitute automatic approval of Financial Aid, or assistantship/scholarship/fellowship purposes. RCL does not withdraw a student from a class or waive or reduce any financial responsibility for the student. **Please verify enrollment requirements with other office prior to submitting this request.**

Note: If RCL is due to requiring fewer than full-time enrollment for degree completion, program end date on I-20 may be shortened to the end of the semester.

Deadlines: If enrolling in less than full-time at the beginning of the semester, you must obtain RCL approval before registration is closed. If dropping below full-time enrollment after the start of the semester, you must obtain RCL before withdrawing from a class at a point later in the semester. **Failure to receive RCL approval before the deadlines mentioned above will result in TERMINATION of an F-1 immigration record.**

Submitting the form does not guarantee approval. The International Student Adviser will review the request for RCL. If the student meets eligibility for RCL, adviser will update student's SEVIS record with authorization for RCL. F-1 students will receive an updated Form I-20. **If you do not receive authorization in writing from the International Student Adviser, you do not have authorization for RCL.**

When you have read the statements above and believe that you meet the conditions of reduced course load, sign below. Complete page two and return to the Graduate School before the deadline mentioned above.

Student Signature Date



PART TWO: COMPLETED BY ADVISOR OR MEDICAL DOCTOR

Name of Student: _____ UAMS ID: _____

Semester for which reduced course load is requested: _____

Reason for Reduced Course Load and provide necessary documentation when applicable:

- _____ The student has an **illness or medical condition** which prevents him or her from carrying a full course of study.
- *Attach documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate medical illness.*
 - *Include signature and contact information of attending medical doctor (M.D.), doctor of osteopathy (D.O.), or licensed clinical psychologist.*

Print Name	Signature	License No.	Date
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_____ The student is verified through their adviser that he or she **needs fewer than the required minimum number of hours** to complete degree program. The student will enroll for these hours and will be able to complete the program by the end of the semester for which RCL is requested. **The student and adviser understand that if the student does not complete the program they are required by immigration law to enroll full-time for the remainder of their studies.**

COMMENTS:

Advisor Signature (not required for medical reasons) _____ Date _____

INTERNATIONAL STUDENT ADVISER DECISION

RCL is valid and approved: _____ Yes _____ No **New program end date (if applicable):** _____

Notes:

International Student Advisor: _____ Date: _____