



Office of International & Advanced Studies
Reduced Course Load (RCL) Request Form

Part 1: To be completed by student

Family/Last Name: _____ First Name: _____
SVSU ID Number: _____ SEVIS ID #: _____
Expected Graduation: _____ Telephone #: _____
Local Address: _____

F-1 students must enroll in a full-course of study each fall and winter semester. In certain situations, F-1 students can be authorized to take less than a full-course of study. Please select the reason for your RCL request and attach the required documentation.

Table with 2 columns: Situation, Required Documentation. Rows include Medical condition or illness, To complete course of study in current term, and Initial academic difficulties (first semester only).

*Note: Submission of this form does not guarantee approval. OIAS advisor will contact you if additional information is needed.

Part 2: To be completed by OIAS advisor

Semester and Year of requested RCL: _____

Number of credits required after RCL approval: _____

As the student's advisor and designated school official (DSO), I approve the RCL request described above.

DSO Name, Printed _____ DSO Signature _____ Date _____