



Reduced Course Load (RCL) or Concurrent Enrollment (CE) 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.

- Situation: Medical condition or illness, Required Documentation: Letter from licensed medical doctor...
Situation: To complete course of study in current term, Required Documentation: Graduation Application receipt
Situation: Initial academic difficulties (first semester only), Required Documentation: Written statement from student...
Situation: Concurrently enrolled in SEVIS approved school, Required Documentation: Attach a photocopy of signed guest student form...

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

Part 2: To be completed by student (if applicable)

Reason for taking course outside SVSU: \_\_\_\_\_

Is class available at SVSU this term? \_\_\_\_\_

Part 3: To be completed by OIP 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 \_\_\_\_\_