

## TOURO UNIVERSITY

Office of the Registrar

## APPLICATION FOR F-1 STUDENT REDUCED COURSE LOAD

"F-1" international students are required by U.S. Department of Homeland Security (DHS) regulations to pursue a full course of study each fall and spring semester. A full course of study is defined as carrying 12 credits at the undergraduate level, or 9 credits at the graduate level (or the equivalent as approved by your academic advisor). Under certain academic circumstances, you may qualify for a reduced course load (RCL) of at least 6 credits for academic reasons, or less than six credits for an illness or medical condition. To apply, you must:

- 1. Be enrolled full-time. If you already dropped below full-time or did not register for courses, you do <u>not</u> qualify for a reduced course load.
- 2. Have your academic advisor or program director complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to initial difficulties with English or reading requirements, unfamiliarity with U.S. teaching methods or improper course level placement.
- 3. If you are suffering from an illness or medical condition, you must provide us with documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist **fully** describing the nature of your illness or condition, recommending the amount of time the student can be in class, and recommending the length of time a reduced course load is necessary.
- 4. Complete this form and submit it to the Coordinator of International and Veteran Student Affairs/ DSO <u>before</u> taking any action to reduce your course load.

Your application will be reviewed by the P/DSO and, <u>if approved</u>, you will be given authorization to reduce your course load for a specific period of time. <u>Approval is not automatic</u>. A reduced course load based on academic difficulties may only be authorized for one term during your program of study. A reduced course load based on an illness or medical condition may be extended if there are serious circumstances necessitating such an extension (no more than an aggregate of 12 months per educational level of reduced course load is permitted for illness and medical conditions). You are required to resume a <u>full course of study</u> in the semester immediately following your RCL authorization (excluding summer). Adherence to course load requirements are solely and exclusively within the purview of the student. The institutions acceptance of course withdrawals or registration for special course does not absolve the student of responsibility.

Last Name:	First Name:	
Student ID Number:		
Semester for which you are requesting a Re-	duced Course Load (RCL):	
Program of study & major:		
Phone Number:		
REASON YOU ARE REQUESTING A F	REDUCED COURSE LOAD (check one):  Id needed to graduate. If you need only one course to complete your program, My advisor confirmed my graduation date on #5 in the second page.	gram, the course
, ,	m director has completed the second page of this form.Initial difficulty with	h the English
☐ Initial difficulty with reading requiremen ☐ Unfamiliarity with US teaching methods ☐ Improper course level placement.		
ILLNESS OR MEDICAL CONDITION: Docum	nentation is attached.	

## Advisor/Program Director/Chair of the Department Certification for F-1 International Student Reduced Course Load (for academic reasons only)

**Instructions:** The student named on the first page of this form has requested permission to reduce his or her course load for an academic reason. In accordance with federal regulations, the Coordinator of International and Veteran Student Affairs/ DSO requires your certification of the following information:

1. Is the student still attending class?	
2. If the student has indicated that s/he is having academic difficulty, please explain the nature of the	nat difficulty.
3. If the problem is with English or reading requirements, indicate why it might be considered to be	"initial" difficulty:
4. Identify the affected courses by course number and title:	
5. When is the student expected to complete his/her program of study?	
Name of advisor:	
Signature of advisor:	
Advisor's phone #: E-mail:	
Department:	
Date:	
OFFICAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE:	
Approved: Period covered:	
SEVIS RCL Authorized on (date)	
Denied because:	
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