

## International Students Request for Reduce Course Load (RCL)

**General Information:** A request for part-time attendance requires approval from the Graduate School (graduate students only), Academic Advisor/Dean of the College **and** the Office of International Students and Scholars. If your reason for requesting a reduced course load is not described in the list below, the Office of International Students and Scholars must reject your petition.

### Please Note

- **Academic Difficulties:** can only be granted once per educational/degree level. If the student has already been granted part-time for academic difficulty (even at another school), at the current academic level, then the student cannot request part-time again under academic difficulty. The student's advisor must submit documentation substantiating the academic reason. Students who are granted part-time under academic difficulties are expected to resume a full-course of study in the next available term (except the summer term).
- **Completing the Current Term and/or Graduation:** If fewer courses than normal are needed to complete the course of study, the Designated School Official (DSO) can authorize part-time during the final term. Part-time approval for this reason can be used only once. If a student does not graduate by the end of the term, the student must register for a full-course of study for the next available term (except the summer term).  
"A student that requires an official RCL determination may **not** take "0" courses (**i.e. CRG**) during the final term. Even if the school continues to enroll the student for administrative reasons the student who will complete all requirements for the degree must apply for OPT, apply for a change of status to some other classification, or depart the United States."
- **Temporary Illness and/or Medical Condition:** A reduced course load (part-time) or leave of absence (if necessary) can be approved for a student due to a temporary illness or medical condition. It can only be approved for a total of 12 months (2 academic semesters). A request for medical reasons requires documentation from a licensed medical doctor (e.g., osteopathy, licensed clinical psychologist, psychiatrist, etc.). A student previously authorized 12 months of part-time due to illness or medical reason may not be authorized to reduce his or her course of study again, at the same program level. Documentation substantiating the medical condition must be submitted every semester. If more than 12 months is needed for the student to recuperate from the medical condition, USCIS expects the student to change to another status or leave the country.
- **Practical Training:** If the curriculum requires it, a student may engage in full-time curricular practical training (CPT) and may be enrolled in less than a full-course of study. The student's academic advisor must recommend and attest that the curriculum requires CPT as full-time. In addition the advisor and the student must request permission to engage in CPT from the Office of International Students and Scholars. These students would be considered as pursuing a full-course of study for the purpose of maintaining their immigration status.

Annual vacations, or while teaching or research assistantships do not require approval of RCL.

### DO NOT REQUEST REDUCE COURSE LOAD IF YOUR REASONS INCLUDE:

- Lack of funding
- Class is not offered in a given semester

Date Submitted: \_\_\_\_\_

Student's Last name: \_\_\_\_\_ First name: \_\_\_\_\_

URI ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reduced Course Load request: **(select one only)**

- |                                                                                                                                                                              |                               |                               |                               |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Fall                                                                                                                                                | <input type="checkbox"/> 2005 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2008 |
| <input type="checkbox"/> Spring                                                                                                                                              | <input type="checkbox"/> 2005 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2008 |
| <input type="checkbox"/> Academic Year (for leave of absence only): <input type="checkbox"/> 2005-2006 <input type="checkbox"/> 2006-2007 <input type="checkbox"/> 2007-2008 |                               |                               |                               |                               |

Student is requesting less than a full course load (part-time) for the following reason **(select one only)**:

**ACADEMIC DIFFICULTIES:** *(select one):*

- Initial difficulty with the English language
- Initial difficulty with the reading requirements
- Unfamiliarity with American Teaching methods
- Improper course level placement

**TO COMPLETE COURSE OF STUDY IN CURRENT TERM** (final semester)

**ILLNESS OR MEDICAL CONDITION:** The student will enroll in \_\_\_\_ credits.

**GRADUATE STUDENT WHO HAS COMPLETED FORMAL COURSEWORK**

**STUDENT ENGAGED IN PRACTICAL TRAINING**

_____	_____ Phone:( )_____
Print Student's Name	Signature of student

_____	_____ Phone:( )_____
Name of Academic Advisor/ Department Dean or Chair	Signature of Academic Advisor/ Department Dean or Chair

_____	_____ Phone:( )_____
Name of Dean of Graduate School (Graduate student only)	Signature of Dean of Graduate School (Graduate student only)

-----**Office of International Students and Scholars use only**-----

Reviewed by: \_\_\_\_\_  Noted in SEVIS: on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of DSO)