



International Students & Scholars
 Email: iss@scu.edu
 1st floor Varsi Hall

Reduced Course Load (RCL) Request

Submit the completed and signed form to iss@scu.edu. For information on enrollment requirements, RCL authorization, and RCL Request deadlines please visit scu.edu/iss/rcl.

Student's Confirmation

This section should be completed by the international student submitting the reduced course load request.

Name _____
 First (Given) *Middle* *Last (Family)*

SCU Student ID: _____ SEVIS ID: N _____

Degree Level: Bachelors Masters Doctoral Major _____

Academic Term of Reduced Course Load (e.g. Spring 2024): _____

Reduced Course Reason (check one):

- Final Term (To Complete Course of Study in Current Term)
 - Illness or Medical Condition (attach a letter of support from a U.S. based doctor)
- Academic Difficulties (requires ISS to seek a faculty evaluation; student must maintain at least ½ time units).

Select one:

- Improper course level placement
- Initial difficulty with reading requirements (typically only first quarter / semester)
- Initial difficulty with the English language (typically only first quarter / semester)
- Unfamiliarity with U.S. teaching methods (typically only first quarter / semester)

Have you previously been authorized for a reduced course load? No Yes

If yes, please provide term and reason _____

Academic Program's Confirmation

This section must be signed by the staff or faculty member responsible for providing academic advising to the student (not ISS). Once signed, this form should be returned to the student. Questions about this form should be directed to SCU International Students and Scholars.

Name _____ Department _____

Relationship to student (select one):

- Faculty / Academic Advisor Program Advisor Department Chair Other _____

Reduced Course Reason (select box that correlates with student's request and take required action):

- Final Term:** I confirm the student has completed all degree requirements or is enrolled in the final degree requirements (please review student's degree audit to confirm).
- Illness or Medical Condition:** I acknowledge that the student will be enrolled in less than a full course load and have advised them on how this will impact their academic progress.
- Academic Difficulties:** I acknowledge that the student will be enrolled in less than a full course load and have advised them on how this will impact their academic progress.

I confirm that the above information is correct.

Signature: _____ Date: _____