



AUBURN UNIVERSITY

Office of International Programs

Request Form: Reduced Course Load (RCL)

APPLICATION DEADLINE: If enrolling for less than full time this document **must be submitted by the 8th class day** of the term in which you are requesting. If dropping a course *during* the semester this form must be completed PRIOR to dropping any hours. **Students who fail to obtain proper authorization from OIP before dropping below full time will be out of status.**

| | |
|------------------------------|--|
| Family Name: | |
| First Name: | |
| Banner ID: | |
| SEVIS ID: | |
| VISA Status: | |
| Level of Study: | |
| Email: | |
| Major/Department: | |
| Expected Graduation Date: | |
| RCL Term: | |
| Year: | |
| Number of credits after RCL: | |

Type of Reduced Course Load

| | |
|--|--|
| | Final Term: Student is graduating at the end of the term and does not need a full-course load to meet graduation requirements. Student must be enrolled in Graduation Course UNIV 4AA0. |
| | Academic (First year only): Students can only request a reduced course load for an academic reason once and it must be within the first academic year. Academic reduced course load request must include a letter of explanation from the Academic Advisor or Professor. Students must remain enrolled in at least 6 credits. <input type="checkbox"/> Initial Difficulties with English Language or English Reading requirements <input type="checkbox"/> Unfamiliarity with U.S. teaching methods <input type="checkbox"/> Improper course placement or sequence |
| | Medical: Students can only request a reduced course load for a medical reason for up to 12 months of their program. A letter recommending the reduced course load from a U.S. licensed medical doctor (MD), doctor of osteopathy (DO), or licensed clinical psychologist is required. Please refer to Medical Reduced Course Load instructions. |

I hereby request that the above-named student be approved for a reduced course load this semester for the reason outlined above. I have read the instructions and understand the conditions by which I am making this request. If required, I have attached a letter with additional explanation.

Academic Advisor

Signature

Date

Student

Signature

Date



AUBURN UNIVERSITY

Office of International Programs

Request Form: Reduced Course Load (RCL)

Graduate School use only:

☐ Student is not eligible for GRAD 6AA0. Please process RCL request.

Grad School Advisor

Signature

Date

ISSS use only:

☐ Approved

☐ Denied