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REDUCED COURSE LOAD REQUEST (RCL) FORM

According to immigration regulations, all F-1 and J-1 students must be enrolled full-time every fall and spring semesters. Under limited conditions, students may request reduced course load if the reasons meet the criteria set up in the Code of Federal Regulations [8CFR 214.2(f)(6)(iii)] and [22 CFR 62.23(e)] and as described below.

A student may not withdraw from a course until authorized to do so by OISSS. If you drop below full-time without prior approval from OISSS you will be in violation of immigration regulations and will be considered out of status.

PART I: TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_  
Family/Last First Name Middle  
EKU ID#: \_\_\_\_\_ SEVIS (I-20/DS-2019) ID#: \_\_\_\_\_  
Phone: \_\_\_\_\_ EKU Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Visa Type:  F-1  J-1. Major: \_\_\_\_\_  
Degree Level:  Certificate  Bachelor  Master  Doctorate.  
Semester for which a reduced course load is requested: \_\_\_\_\_ Year: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART II: TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

Indicate the reason for which a reduced course load is requested below. The student will enroll in \_\_\_\_\_ credit hours.

- Academic Difficulties.** Permission can only be approved once per degree level. RCL must consist of 6 credit hours for undergraduates and half the required full-time course load for graduate students. Please select one reason:
  - Initial difficulties with the English language and reading requirements (*first semester only*)
  - Initial difficulties with American teaching methods (*first semester only*)
  - Improper course level placement (*any semester*)
- Completion of Studies.** Student is in the final semester of study (*last semester only*)  
Number of credit hours remaining: \_\_\_\_\_ Expected completion date: \_\_\_\_\_
- Medical Conditions.** The student must submit a signed letter from a *licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist* to OISSS to substantiate the illness or medical condition and specify which semester the reduced course load is being recommended and when the student may begin taking full-time course load again.

As the Academic Advisor, I recommend approval of a reduced course load for this student for the current semester.

Academic Advisor's Name Signature Date

For Office Use Only:

Approved:  Yes  No. By (DSO): \_\_\_\_\_ SEVIS Updated:  Yes  No  
Student is Notified:  By E-mail  By Phone  In person on: \_\_\_\_\_  I-20/DS-2019 given to student