



REDUCED COURSE LOAD (RCL) REQUEST FORM (F-1 VISA)

Cultural Center for Language Studies

Student name: _____ SEVIS N00 _____

RCL start date: _____ RCL end date: _____

Reason for the request: _____

Documentation for RCL request: _____

By signing this request, the student certifies that s/he has read the *Reduced Course Load Policy* and is aware that his/her medical withdrawal cannot exceed an aggregate of twelve (12) months.

Student /Guardian signature: _____ Date: _____

If under 18: Guardian name: _____

Reviewed by: _____ Date: _____

RCL request () Approved () Denied because _____

RCL extensions/ notes:
