



## Reduced Course Load Form

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### Immigration Regulation 8 CFR 214.2(f)(6)(iii)(B)

- The U.S. Citizenship and Immigration Services requires all international students holding the F-1 visa classification to be enrolled in a “full course of study” in order to maintain lawful status in the country. “A full course of study” as defined in the Immigration Regulations consists of at least 12 hours per term for undergraduate students.
- There are a few very specific situations which justify enrollment in fewer hours than the number set forth in the Code of Federal Regulations. The academic justifications are listed on the second page.
- Reasons such as performance in a course, course unavailability, or lack of financial resources are **NOT** acceptable reasons for enrolling in a reduced course load (RCL).
- The RCL must be authorized each quarter. Students who wish to withdraw from a course during the quarter must consult with ISS and receive RCL course approval **PRIOR** to withdrawal from courses.
- When withdrawing from a course, even when the RCL was approved for immigration purposes, students are responsible for checking the academic calendar and College policies regarding possible negative academic and financial consequences resulting from course withdrawal.



**Reduced Course Load Form**

**SECTION I -- TO BE COMPLETED BY THE STUDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I am requesting approval for a reduced course load (RCL) for the following quarter: \_\_\_\_\_

If I am requesting an RCL based on medical reasons, I understand that I need to provide a new letter for each quarter: The letter must meet these qualifications:

- 1) Written in English and on letterhead from the office, hospital, practice or clinic.
- 2) Signed by a licensed medical doctor, clinical psychologist, or doctor of osteopathy (or foreign licensed equivalent, please provide licensing information for foreign professionals)
- 3) Has the full address and phone number of the medical provider
- 4) Indicates the number of credit hours that I can take or no enrollment at all
- 5) States when the reduced course load should start
- 6) States when the reduced course load should end and the student resume normal studies
- 7) Details when I first saw the doctor for the issue and when the doctor advised that I should withdraw from school.
- 8) Is in an unopened envelope addressed to Metropolitan Community College, International Student Services, PO Box 3777, Omaha, NE 68103

I understand that a P/DSO has the final determination if a RCL is approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II – TO BE COMPLETED BY A COUNSELOR, ACADEMIC ADVISOR,  
 ENROLLMENT NAVIGATOR, OR THE COORDINATOR OF ISS**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ MCC E-mail: \_\_\_\_\_

**I recommend a reduced course load (less than full-time) of \_\_\_\_\_ credits for the following reason:**

**PLEASE MARK ONLY ONE REASON**

\_\_\_\_\_ **Academic Difficulties** Choose one of the following:

- \_\_\_\_\_ a. The student is has difficulties with the English language or reading requirements. (Only in the first quarter.)
- \_\_\_\_\_ b. The student is unfamiliar with American teaching methods. (Only in the first quarter.)
- \_\_\_\_\_ c. The student was placed at an improper course level. The student can only be authorized to withdraw from the course(s) in which s/he was incorrectly placed and must remain enrolled for a minimum of 6 credit hours.

Explain: \_\_\_\_\_

\_\_\_\_\_ **Final quarter of study** - The student is enrolled in the final classes necessary to meet all ESL or program requirements in the final quarter. The student cannot take only online classes in the last quarter. S/He has to have an on campus, hybrid class, or on campus independent study. *Note: A student who receives authorization for an RCL in the final quarter of study MUST complete the requirements in this quarter. Otherwise, her/his SEVIS record may be terminated.*

\_\_\_\_\_ **Illness or medical reasons** - The student requests an original letter on stationary paper from the medical provider to ISS that meets the requirements listed above. Illness/Medical RCLs can be granted for no more than 12 mos. per educational level. **(Please discuss how the RCL will impact the student's ed. plan and time to graduate.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III – TO BE COMPLETED BY A P/DSO IN ISS IN ACCORDANCE WITH 8 CFR 214.2(f)(6)(iii)(B)**

\_\_\_ Approved for reduced course load OR \_\_\_ Denied and reason: \_\_\_\_\_

\_\_\_ STRK Notes

\_\_\_ Enter the RCL in SEVIS from (start date): \_\_\_\_\_ to (end date): \_\_\_\_\_

\_\_\_ Enter the RCL in the RCL/Vac/Grad spreadsheet

\_\_\_ Email the student about being approved or denied for the RCL

P/DSO Initials & Date: \_\_\_\_\_