

Office of Global Support & Student Engagement ~ 109 University Square MS 71 ~ Erie, PA 16541 Phone: (814) 871-7133 ~ Fax: 814-871-5323

Reduced Course Load (RCL)

International students are permitted to take a reduced course load under only those circumstances permitted in accordance with Federal Regulation 8 CRF 214.2. These students must be certain they meet the proper criteria for a reduced course load in any category. Students MUST discuss their plans for a reduced course load with the Office of Global Support & Student Engagement BEFORE they reduce their course load or they will be considered out-of-status. For the purpose of Department of Homeland Security reporting requirements, a reduced course load for international students at Gannon University is any credit load that falls under 12 credits for undergraduates and 9 credits for graduate students. However, because the reduction is temporary, an international student with an approved reduced course load is still considered pursuing "full-time study."

***Do not register for less than a full course load or cancel a class that will bring you below the full course load until you meet with an OGSSE staff member. RCLs are not acceptable after the last day to withdraw from a course (as indicated on the Academic Calendar) and should not be dropped due to poor academic performance.**

<u>Eligible Categories for Reduced Course Load:</u> (Please Check 0

<u>Elig</u>	<u>ible Categories</u>	<u>for Reduced Course Lo</u>	oad: (Please Check One)	
	during a program leve students, no less tha Initial Diffi Initial Diffi Unfamilial	ulties - Note: The academic difficult of. In addition, you must take no less to an 9 credits for undergraduate if you culty with the English Langu culties with Reading Requir rity with U.S. Teaching Meth Course Level Placement	than 6 credits for graduate i are approved: uage rements	
	Illness or Medic	al Condition - Note: Must be real	uthorized each semester as needed.	
	To Complete Co	ourse of Study in the Final	Геrm	
Section 1: Student Information				
1		First/Given Name		
	Family/Surname	First/Given Name	Middle Name	
2	3	E-Mail	4	
	Student ID #	E-Mail	Phone Number	
5. Local Address:				

By signing below, I confirm that I understand the requirements listed on the next page of this form and that my Reduced Course Load is only valid for the time listed on my I-20. Dropping below a full course load without authorization or providing fraudulent documentation will result in the termination of your SEVIS record and violation of your status.

7. Current I-20 end-date:

Signature:	Date:

Section 2: Advisor Recommendation/Medical Condition Documentation

Instructions: Please select and complete only the appropriate category for which the RCL authorization is to be processed. Note: RCLs are not acceptable after the last day to withdraw from a course and classes should not be dropped due to poor academic performance.

graduate students must take at least 6 cr	ULTIES or academic reasons once per program level. In addition, redits; undergraduate students must take at least 9 credits while the of the following categories which best describes why you are			
Improper course level placement Initial difficulties with the English language Initial difficulties with reading requirements Unfamiliarity with U.S teaching methods				
For the reason cited above, I recommo course load:	end the above-named student be allowed to take a reduced			
Advisor's Signature:	Date:			
Category 2: ILLNESS or MEDICAL CONDITION Approval for medical reasons must be obtained each semester requested. Approval cannot exceed an aggregate of 12 months per program level. (Bachelor, Master, Doctorate). Once authorized for 12 months, the student cannot be approved for a reduced course load due to academic reasons.				
	"licensed medical doctor" (or doctor of osteopathy or g the reasons why you require a reduced course load.			
The proof must: * recommend the student reduce a course load due to medical reasons * be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist * include the student's full name				
	confirm that I have spoken with this student regarding I advise his/her course scheduling appropriately:			
Advisor's Signature	Date			
Category 3: TO COMPLETE CO	URSE OF STUDY DURING THE FINAL TERM			
	niversity and do not require a full-time course load to finish your uced Course Load". Please provide us with the following			
Degree Program:	Minimum Number of Credits Required for Program:			
Number of credits completed to date:	Number of "Incomplete" credits:			
Number of credits for which you are currently	enrolled:			
•	confirm that this student is on schedule for completion of rogram by the (semester/year) semester.			

Students, please be aware that in order to be eligible to apply for the H1-B, your degree must be

Date

completed.

Advisor's Signature___