



REDUCED COURSE LOAD (RCL) DUE TO ACADEMIC DIFFCULTY

This form is for the F-1 international students to request for approval to take a reduced course load (less than 12 units for undergraduates/8 units for graduates) due to academic difficulty. The completed form must be submitted to OIP front desk by the last day of "Withdrawal from Classes/University for serious and compelling reasons" posted at <http://www.sfsu.edu/~admisrec/reg/reg.html>.

An F-1 student who enrolls part-time without an approval of OIP may result in the termination of his/her SEVIS record for which there may be severe consequences to his/her legal status in the U.S.

STUDENT INFORMATION					
Last Name:				First Name:	
SF State Student ID:				SEVIS ID:	
Phone:				SF State E-mail:	@mail.sfsu.edu
Major:				2 nd Major:	
Level of Study:	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Certificate			Minor:	
Semester of requested RCL:	<input type="checkbox"/> Spring <input type="checkbox"/> Fall	Year:		I-20 Expiration date:	
Have you ever been approved for a Reduced Course Load due to academic difficulty at another U.S. school?					<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I must register in the number of units indicated in the "Academic Information" section prior to submitting the RCL to OIP.					
Student's Signature:				Date:	
ACADEMIC INFORMATION					
The student named above is applying for a reduced course load due to (please check only one):					
<input type="checkbox"/>	Initial Difficulty with English Language or Reading Requirements (First semester new students only)				
<input type="checkbox"/>	Unfamiliarity with U.S. Teaching Methods (First semester new students only)				
<input type="checkbox"/>	Improper Course Placement. Course Title and Number:				
I support the student's request to take a reduced course load is due to one of the three reasons listed above. The student will only be enrolled in ____ units for the above indicated semester.					
Advisor's Signature:					
Advisor's Name: (Print)				Department:	
Phone:				Date:	
OIP Use Only					
<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete <input type="checkbox"/> Denied		By:			Date:
Notes:					