REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD (RCL) DUE TO COMPLETION OF STUDY

The F-1 international student named below is applying for approval to take a reduced course load (less than 12 units for undergraduates/8 units for graduates) because s/he requires less than a full-time course load to complete the degree program listed on his/her I-20. F-1 student must take all the remaining classes in person at SF State (classes could be on site or hybrid). This form must be signed by appropriate advisors and submitted to OIP front desk within the first two weeks of the semesters.

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.

I. TO BE COMPLETED BY THE STUDENT

| Name: ______________________________ | Degree Objective:  □ Certificate  □ Bachelor’s |
| SF State Student ID: 9 | SEVIS ID: N |
| E-Mail Address: ________________@mail.sfsu.edu | Phone: _______ - ______ |
| Major Field of Study: ____________________________ | I-20 Expiration Date: ________/______/______ |
| Signature: ____________________________ | Today’s Date: ________/______/______ |

II. TO BE COMPLETED BY STUDENT’S MAJOR DEPARTMENT ACADEMIC ADVISOR

*Business and HTM major students must get a signature from BUS 112

Semester & Year for RCL: Fall 20__________ Spring 20__________

The student named above is applying for a RCL due to completion of academic program because s/he only needs to complete [_____] units in the major at SF State. I certify that the student named above will be enrolled in his/her final units needed for degree completion and that s/he will meet all DEPARTMENT/MAJOR requirements for graduation at the conclusion of the semester indicated above.

Advisor’s Signature ____________________________ Name & Title (please print clearly) ____________________________

Department (please print clearly) ____________________________ Telephone __________ Date ________/______/______

III. TO BE COMPLETED BY AN ACADEMIC ADVISOR IN THE ADVISING CENTER (ADM 211) FOR UNDERGRADUATE STUDENTS ONLY

The student named above is applying for a RCL due to completion of academic program because s/he only needs to complete [_____] units in general education at SF State. I certify that the student named above is enrolled in his/her final units needed for degree completion and that s/he will meet all GENERAL EDUCATION and other university graduation requirements for graduation at the conclusion of the semester indicated above.

Advisor’s Signature ____________________________ Name & Title (please print clearly) ____________________________

Telephone __________ Date ________/______/______

IV. TO BE COMPLETED BY OIP

Approved □ Denied □ OIP Advisor’s Initials: __________ Date Student Notified: ________ Date Entered into SEVIS: ________

PLEASE RETURN THIS FORM TO OIP FRONT DESK