REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD (RCL) DUE TO THESIS/PROJECT/RECITAL/ORAL DEFENSE/EXAM (GRADUATE STUDENTS ONLY)

The graduate international student named below is applying for approval to take a reduced course load (less than 8 units) due to Thesis/Project/Recital/Oral Defense/Exam. This form must be submitted within 2 weeks of the semester start. An F-1 student who registers for less than a full course of study without prior approval from 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.

TO BE COMPLETED BY THE STUDENT

| Name: ____________________________ | Degree Objective: ☐ Master’s |
| SF State Student ID: 9 ____________ | SEVIS ID: N ________________ |
| E-Mail Address: ____________________ | Phone: ____________________ |
| Major Field of Study: ______________ | I-20 Expiration Date: ______/_____/______ |
| Signature: _________________________ | Today’s Date: ______/_____/______ |

TO BE COMPLETED BY FACULTY ADVISOR

I certify that the student named above, for the semester here indicated: Fall 20____ Spring 20____ Summer 20____

☐ Has course work remaining and will enroll in a Culminating Experience course. Student will enroll in the remaining ____ units at SF State in the semester indicated

☐ Has already completed all required coursework, received an RP grade for the Culminating Experience course, and is in the grace semester. Student will continue to work full-time on completing Culminating Experience and enroll in zero units in the semester indicated

☐ Did not complete Culminating Experience by the end of grace semester. Student will continue to work full-time on completing Culminating Experience and enroll in a Culminating Experience Continuous Enrollment course (CEL 499 course) through College of Extended Learning (CEL) to maintain continuous enrollment

Student began or will begin full-time Culminating Experience work during the Fall 20____ Spring 20____ Summer 20____ and is expected to have all degree requirements (including all coursework and Culminating Experience) completed on:
_______/_______/_______

Faculty Advisor’s Signature ________________ Name & Title (please print clearly) ____________________________
_______/_______/_______

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

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

Last Updated: March 30, 2016