

Federal Regulations require international students to be enrolled in a full course of study while pursuing a degree in the U.S. under a J-1 student status. Full-time enrollment is usually defined as 12 credits for an undergraduate student and 9 credits for a graduate student. However, your department dictates the actual number of credits necessary to maintain proper enrollment. Federal regulations require **prior authorization** from International Services (IS) before the student reduces his/her course load. Failure to comply with this regulation will have severe, negative consequences on your ability to stay in the U.S. for study or work.

Please note, students are limited to **two reduced course load approvals per academic program**. Please plan accordingly. Once the form is complete, please return either the hard copy or a scanned copy of the form to the IS office.

**Part I. To Be Completed by Student**

Student's Surname/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

CUID \_\_\_\_\_ SEVIS ID N \_\_\_\_\_ Student Major \_\_\_\_\_

Department/College \_\_\_\_\_ Current DS-2019 Expiration Date \_\_\_\_\_

Degree Program:  Bachelor's  Master's  Ph.D.  Other: \_\_\_\_\_

**Part II. Recommendation of Academic Advisor** (Please check the appropriate reason for RCL request)

I recommend the student be allowed to enroll in less than a full course of study for the \_\_\_\_\_ semester, due to:  
(Term/Year)

**Initial difficulties with the English language or reading requirements** (*first term only*)

**Unfamiliarity with U.S. teaching methods** (*first term only*)

**Improper course level placement**

**The student having fewer than 9 (graduate students) or 12 (undergraduate students) semester credits remaining to graduate** (*final term only*)

**The student having completed all coursework (and is now preparing for comprehensive examinations/defense)** (*final term only*)

**A medical condition** (*additional documentation is required*)

Please attach a letter from your U.S. physician explaining the necessity of a reduced course load. This option is renewable for up to 12 months total, provided the renewal is obtained in advance of every term. If more than 12 months are needed, the student must change status or leave the U.S. to pursue medical care at home.

**Part III. Academic Advisor's Signature**

**This student has departmental approval for a reduced course load.**

Name of Academic Advisor \_\_\_\_\_ Campus Phone: (864) \_\_\_\_\_

E-mail \_\_\_\_\_@clemsun.edu

Academic Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

