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Reduced Course Load (RCL) Form for Graduate Students

F-1 students are required to maintain full-time student status every semester they are in the United States. Graduate students need to complete a minimum of 9 hours to maintain their immigration status. Students may have additional hours that are academically required by their department or for a tuition waiver. Classes during the summer are optional unless it is the first semester at UH; then an F-1 student has to complete 6 hours (i.e. full-time for summer). The following form must be completed before dropping below full-time hours after start of classes. **Note:** Reducing your course load below full-time may involve the loss of resident tuition and GTF.

Please complete the form below by selecting one of the options:

1. ACADEMIC DIFFICULTY

RCL for valid academic reasons is allowed for only one semester during an entire degree program and requires that you still complete at least 6 hours of course credit.

Initial Adjustment Issues (First Semester Only)

- Initial difficulties with: the English language; reading requirements; unfamiliarity with American teaching methods.

Improper Course Level Placement (ICLP)

- I am having difficulty with my class(es) due to improper course level placement which may include not having the prerequisites or insufficient background to complete the course at this time.

2. MEDICAL REASON

- Valid medical reason must be proven with a supporting letter from a licensed medical doctor, clinical psychologist, or doctor of osteopathy. The letter has to contain the following information: written in English on a letterhead, signed in ink, the recommended credit hours of enrollment, when the below hours should begin and end (if known), details of when student first saw the doctor, and when they advised the student to withdraw from course(s). Medical excuses must be renewed each semester. You are only allowed to accumulate 12 months of reduced course load for medical reasons during any given degree level. **Zero hours are allowed under this provision of the law only if it is clearly recommended by the licensed medical professional.**

- Letter from a licensed medical doctor, clinical psychologist, or doctor of osteopathy is attached.

3. FULL-TIME EQUIVALENCY FOR FINAL SEMESTER (Select one)

- Reduced Course Load for Non-Thesis Track: This is my expected final semester and I only need _____ **hours** of course work to complete my degree program. I understand that if I am granted a reduced course load and fail to complete my degree as planned, I may be in violation of my legal status and would need to apply for reinstatement. I may be required to take 9 hours in subsequent semesters. (If you need only one course to finish your program of study, it cannot be taken through online/distance education).
- Full-time Equivalency for Thesis/Dissertation Track: I am expecting this semester to be my final semester. I have completed all course work and I am only working on my thesis or dissertation. I am approved to take _____ **hours** of thesis/dissertation. This option will classify me as having full-time equivalency for SEVIS reporting. If I fail to complete my thesis/dissertation I may be required to take 9 hours in subsequent semesters.

I am applying for a reduced course load for the fall semester of 20____ spring semester of 20____

I want to drop the following class(es): _____; _____; _____ (course number). After the drop, I will have a total of ____ hours for the: Fall semester of 20____. Spring semester of 20____.

You must submit a copy of this form to Office of the University Registrar (located in the Welcome Center) if you are requesting the drop after the 1st day of the semester. The Academic and ISSSO certifying signatures are required to drop a course. You may still be responsible for the tuition and fee charges to the dropped course(s) after the start of classes.

Your Name: _____ Signature: _____ PS ID: _____ Date: _____

Academic Certifying Signatures

<input type="checkbox"/> Approved	Academic Advisor:	Date:	Comments:
	Signature:		
<input type="checkbox"/> Approved	Chair:	Date:	
	Signature:		
<input type="checkbox"/> Approved	College Dean:	Date:	
	Signature:		

APPROVAL SIGNATURE FROM ISSSO

Name: _____ Signature: _____ Date: _____