

Reduced Course Load (RCL)

Under US federal immigration law, all F-1 students are required to register and complete full-time studies each semester during their academic career. At the Long Island University Post Campus, 12 credits is considered full-time for undergraduate students and 9 credits is considered full-time for graduate students. However, the law allows certain **deviations** from full course of study requirements. **This form must be submitted and approved by Immigration Services Office prior to the Academic Advisor or student deciding to drop below full-time status.**

To be eligible for a Reduced Course Load (RCL):

1. Your academic advisor must complete this form explaining the academic difficulties that you are experiencing. Academic difficulties are restricted to the following:
 - a. Initial difficulties with English
 - b. Initial difficulties with the reading requirements
 - c. Unfamiliarity with US teaching methods
 - d. Improper course placement
2. Your academic advisor must complete form indicating you are in your final semester of coursework prior to the completion of your degree requirements. This can only be approved once per program of study. If you do not complete your degree at the end of the RCL semester, your I-20 will be negatively affected. You cannot register for an online/distance learning class as your final class/semester.
3. If you are suffering from an illness or medical condition, you must provide us with documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist describing the nature of your illness or condition. You must also be evaluated on campus health services professional and /or counselor (516-299-2345).

To apply for RCL, you must:

1. Still be enrolled full-time at the time of the request. If you already dropped below, you do **NOT** qualify, except in the case of final semester, when you must register for all the credits you have remaining for the RCL semester.
2. Complete this application and submit it to Immigration Services Office. Your application must be approved by ISS **BEFORE** you drop any classes.

Your application will be reviewed by ISS and, if approved, you will be given authorization to reduce your course load for a specific period of time. **A RCL based on academic difficulty may only be authorized for one term during your entire program of study.** A RCL for illness or medical condition may be extended if there are serious circumstances requiring such an extension.

You are required to resume a full course of study in the following semester immediately following your RCL.



Deviation from Full Time Status Form Student Form

TO BE COMPLETED BY STUDENT

Last/Family Name

First/Given Name

Email Address

Telephone Number

LIU Post ID#

N _____
SEVIS # I-20 End Date

Major Semester applying

Degree Level (Bachelors, Masters, Doctorate)

How many credits will you register for during your RCL semester? _____

When will you complete your degree? (please indicate specific date mm/dd/yy) _____/_____/_____

Have you applied for an RCL in the past? YES NO **If yes, why?** _____

If yes, when? _____

Are any classes you are registered for during RCL an online/distance learning class? YES NO

The reason for the RCL is:

- Academic difficulty** (please check one):
 - Initial difficulty with English Initial difficulty with reading requirement
 - Unfamiliarity with US teaching methods Improper course level placement
- Final semester of coursework prior to completion of all degree requirements** (can only be submitted once per career for this reason. You must register for all remaining credits during this semester. Your final class cannot be an online class).
- Illness or medical reason** (attach approved documentation from Center for Healthy Living)

- I understand that a reduced course load based on **academic difficulty** may only be authorized for one term during my entire program of study.
- I understand that a reduced course load based on **medical reasons** may only be authorized one semester at a time and for a maximum of 12 months consecutively.
- I understand that a reduced course load based on **final semester of coursework** during this semester indicates that I am completing my final semester of coursework and will graduate at the end of this term. I understand my I-20 will be negatively affected if I do not complete my coursework.
- I understand that I am required to resume a full course of study in the semester immediately following my reduced course load.

I understand that I am responsible for maintaining my legal status in the United States and I understand the rules related to dropping below full time status. I have read the information presented in the deviation from full time status packet. I certify that the information presented by me in this application is correct and complete to the best of my knowledge. I understand if any of this information on this form is misrepresented, the ISS office will not be held responsible and any resulting violation of immigration regulations will be my sole responsibility.

Student Signature

Date

ACADEMIC ADVISOR RECOMMENDATION

I recommend (student name) _____,
(LIU ID#) _____ for a reduced course load of _____ credits for the
(semester, year) _____ for the following academic reason (cannot be less than 6
credits in the case of academic difficulties):

FINAL SEMESTER: Student is in final semester of course work and will complete all degree requirements this semester. (This can only be approved once per program of study).

ACADEMIC DIFFICULTIES (*please check one from the list below and provide details*):

Initial difficulty with the English language.
Describe the difficulty and why it is considered initial:

Initial difficulty with reading requirements.
Describe the difficulty and why it is considered initial:

Unfamiliarity with US teaching methods.
Describe the difficulty the student is experiencing:

Improper course level placement.
Describe the reason for the improper placement:

1. Has the student been approved for a reduced course load in the past? YES NO

If yes, for what reason? _____

2. The student's expected degree completion date is: ____/____/20____.

3. Are any of these classes an online/distance learning class? YES NO

Advisor's name: _____

Advisor's Signature: _____ **Date:** _____

Phone: _____ **E-mail:** _____

Department: _____

For ISO Use Only:	DSO Initial: _____
<input type="checkbox"/> Approved	Period covered: _____ SEVIS RCL Authorization date: _____
<input type="checkbox"/> Denied	Reason: _____