REDUCED COURSE LOAD AUTHORIZATION REQUEST FORM

SECTION A: To be Completed by Student

Name: ___________________________ UConn ID: ___________________________

Family Name   First Name

Academic Major: ___________________________ Email Address: ___________________________

Phone: ___________________________ Visa:  □ F-1  □ J-1

Program:  □ Bachelor’s  □ Master’s  □ Doctorate  □ Exchange Student  □ Other ___________________________

I am requesting a Reduced Course Load because:

☐ I will graduate this semester and I need less than full time coursework to complete my degree. Please ask your academic advisor to complete Section B before submitting this form to ISSS.

☐ I am experiencing academic difficulties

Have you ever been authorized to take a reduced course load for academic difficulty in the past (including other schools attended in the U.S.)?  □ Yes  □ No

☐ I have a documented illness or medical condition (can be mental health and physical health)

Have you ever been authorized to take a reduced course load for an illness or medical condition in the past (including other schools attended in the U.S.)?  □ Yes  □ No

I certify that I have reviewed the reduced course load information (page 1) and that I understand I must receive a new I-20 from ISSS prior to taking a Reduced Course Load for academic difficulty/medical reasons:

Student Signature: ___________________________ Date: ___________________________

SECTION B: ACADEMIC ADVISOR RECOMMENDATION FOR REDUCED COURSE LOAD TO COMPLETE COURSE OF STUDY IN FINAL SEMESTER

Please Select Option that Best Fits the Student’s Completion Plan

Option 1: _____
Student will/did graduate at end of Fall/Spring/Summer term (circle one) in year: ___________.

ISSS will update the student’s Program End Date on the Form I-20 to the Last Day of Semester

Option 2: _____
Graduate student will seek an Alternate Completion Date.

Expected date of degree completion/date student completed degree: ___/___/_______

ISSS will update student’s I-20 to list the early graduation date, and this will be the student’s deadline to submit all degree requirements. The student must separate from on-campus employment no later than this date.

Option 3: _____
Student is in a Plan B Master’s program with exam degree requirement; exam offered only after last semester of coursework.

Date of exam: ___/___/_______

I have reviewed and completed this form, and that it reflects this student’s academic standing within his/her degree program.

Name of Academic Advisor: ___________________________ Phone or Email: ___________________________

Signature: ___________________________ Date: ___________________________

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SECTION C: ISSS Use Only - for Academic/Medical Reduced Course Load Authorizations

In consultation with the applicant for the Reduced Course Load I have evaluated the circumstances and consider the student eligible for a Reduced Course Load pursuant to 8 CFR § 214.2(f)(6)(iii) based on the following eligibility criteria:

- **Student is experiencing difficulty because of (please choose the most appropriate, only one):**
  - [ ] Improper course level placement
  - [ ] Unfamiliarity with American teaching methods
  - [ ] Initial difficulties with the English Language
  - [ ] Initial difficulties with reading requirements

- **Illness or Medical Condition** *(A letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, certifying the difficulty to be engaged in full-time study is on file.)*

Student will take ___ credits during period of authorized reduced course load. DSO Signature: ___________________________