



Reduced Course Load (RCL) or Concurrent Enrollment (CE) Request Form

Part 1: To be completed by student

Family/Last Name: _____ First Name: _____
SVSU ID Number: _____ SEVIS ID #: _____
Expected Graduation: _____ Telephone #: _____
Local Address: _____

F-1 students must enroll in a full-course of study each fall and winter semester. In certain situations, F-1 students can be authorized to take less than a full-course of study. Please select the reason for your RCL request and attach the required documentation.

- Situation: Medical condition or illness, To complete course of study in current term, Initial academic difficulties (first semester only), Concurrently enrolled in SEVIS approved school.
Required Documentation: Letter from licensed medical doctor, doctor of osteopathy, or clinical psychologist; Graduation Application receipt; Written statement from student explaining difficulties related to reading requirements, English language, unfamiliarity with U.S. teaching methods or improper course level placement; Attach a photocopy of signed guest student form for the other school and a copy of other school schedule after enrollment is complete.

*Note: Submission of this form does not guarantee approval. OIP advisor will contact you if additional information is needed.

Part 2: To be completed by student (if applicable)

Reason for taking course outside SVSU: _____

Is class available at SVSU this term? _____

Part 3: To be completed by OIP advisor

Semester and Year of requested RCL: _____

Number of credits required after RCL approval: _____

As the student's advisor and designated school official (DSO), I approve the RCL request described above.

DSO Name, Printed _____ DSO Signature _____ Date _____