ROCKHURST UNIVERSITY
International Student Services

REDUCED COURSE LOAD (RCL) REQUEST

First Name | Last Name | Student ID

Anticipated Graduation Date

Semester Requested
Fall 20___ Spring 20___ Summer 20___ (one semester per form)

Reason for Reduced Course Load (please attach supporting documentation)

☐ Student is experiencing initial difficulties with reading requirements or with the English language

☐ Student is initially experiencing difficulty with American teaching methods

☐ Student has been advised to drop a course because of improper course level placement (only authorized per program level for academic difficulty)

☐ Student is completing program of study this term (I-20 end date will be shortened)

☐ Student is enrolled concurrently at another college/university

☐ Student is enrolled in a full academic program as specified by the academic unit

☐ Student has a graduate teaching or research assistantship, and is registered for at least three semester hours (student must also submit GTA/GRA offer letter from department)

☐ Student has completed other required coursework and is working solely on their thesis, dissertation, or clinical practice

☐ Student has temporary illness or medical condition (documentation must be from a licensed medical doctor)

☐ Other (please specify)

Academic Advisor's Name | Signature | Date