REDUCED COURSE LOAD (RCL) REQUEST FORM

Last name: ________________________  First name: ________________________

Major/program: ____________________  Level: ____________________________

I am requesting a reduced course load for:  □ FALL  □ SPRING  Year: _________

Select one, if applicable: (These reasons do not require an additional recommendation from your academic advisor.)

□ I am concurrently enrolled at Shenandoah University and another U.S. school. (Attach proof of enrollment at other school.)

□ I have a medical condition that is preventing me from enrolling in a full course load. (Attach recommendation letter from a licensed medical doctor or licensed psychologist.)

If you cannot enroll in any courses due to your condition, you will also need to fill out a “Withdrawal-Leave of Absence” form, from the Office of Enrollment Management. Medical RCL can only be authorized for up to 12 months.

Signature: ____________________________  Date: ____________________________

To be completed academic advisor or dean

Instructions for academic advisor: International students are allowed to enroll part-time only under certain circumstances to remain in compliance with federal regulations. Please check which circumstances apply to your student and sign this form as your recommendation for part-time enrollment for the above student. If you have any questions, please contact the international student advisor, Lora Steiner, at lsteiner@su.edu or at 540-665-1293.

Reason for Reduced Course Load (check all that apply):

□ Student is experiencing initial difficulties with the English language. (1st semester only)
□ Student is experiencing initial difficulties with reading requirements (1st semester only)
□ Student is unfamiliar with U.S. teaching methods (1st semester only)
□ Improper course placement (1st semester only)
□ Student is in final semester of program and only needs ___ credits to graduate.

Academic advisor’s signature: ________________________________________________

Advisor’s name (please print): _______________________________________________

Dept.: ____________________________  Date: ____________________________