



UNIVERSITY OF ST. THOMAS

REDUCED COURSE LOAD

Federal regulations pertaining to the enrollment of F-1 students require that a student be registered for a full course of studies during Fall and Spring semesters at UST. Exceptions to the full-time enrollment requirement are limited by regulations to the reasons shown on this form. - 8 C.F.R. §214.2(f)(6)(iii)

Name: _____
Last First Middle

SEVIS ID (found on the upper left-hand corner of your I-20): N _____

UST ID #: _____ Telephone #: _____

E-Mail: _____ Requested Semester: _____

Please choose the reason why you need to enroll in a reduced course load (RCL):

- Final semester requires less than full-time courses to graduate
Confirmation from Academic Advisor: I confirm that the student has ___ credit hours in order to complete their degree program in ___ Semester/Year.

Advisor's Name Signature Date

- Medical conditions
An original letter from a U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist is required.
Academic difficulties. Please choose one of the following:
Initial difficulties with the English language(First semester ONLY)
Initial difficulties with reading requirements(First semester ONLY)
Unfamiliarity with American teaching methods(First semester ONLY)
Improper course level placement

RCL authorization for academic difficulties is allowed one semester only at the same program level.

I recommend the student be enrolled in less than a full course load due to the reason checked above.

Instructor/Advisor's Name Signature Date

I acknowledge that I must obtain authorization for reduced course load in a timely manner and that enrollment below a full course load without prior authorization will result in termination of my I-20 and F-1 status.

Student Signature: _____ Date: _____