Reduced Course Load (RCL) for F-1 and J-1

To maintain F-1 and J-1 status, international students must be enrolled in a full course of study each fall and spring semester. Summer enrollment is only required if it is the first or last semester of enrollment.

Full-time requirements for Fall and Spring:

- $\sqrt{}$ Undergraduate students are required to enroll for 12 credit hours.
- $\sqrt{}$ Graduate students are required to enroll for 9 credit hours.
 - $\sqrt{}$ Students holding an assistantship appointment (GTA, GRA, or GA) may be in 6 credit hours.
- $\sqrt{}$ ELP students are required to enroll in 18 credit hours.

Full-time requirements for Summer (if summer is first term):

- $\sqrt{}$ Undergraduate students are required to enroll for 12 credit hours.
- $\sqrt{}$ Graduate students are required to enroll for 6 credit hours.
 - **√** Students holding an assistantship appointment (GTA, GRA, or GA) may be in 1 credit hour.
- $\sqrt{}$ ELP students are required to enroll in 18 credit hours.

Regulations provide limited circumstances when an international student may be authorized for an RCL. These include academic reasons, medical issues and completion of study during the final term. In order to request approval to reduce your course load, you must have this form completed and signed by your department or medical doctor. Requests from graduate students will also be reviewed by the Graduate School. Student and advisor will be notified if this request is denied.

Note:

during the current degree level.

- Students requesting final semester Reduced Course Load (RCL) approval needing to enroll in only one course, must ensure the one course is not online or distance education. You must enroll in a course that has an in-person instruction mode.
- Students approved for an RCL may not be eligible for student hourly or assistantship appointments. These appointment types have minimum enrollment requirements. Please visit with your department HCS liaison about this issue.

You must receive PRIOR permission from ISSS to reduce your course load.

Do not enroll for less than full course load or drop below a full course load without prior permission.

Permission to reduce is only valid for the semester indicated on this application. If you want to reduce your course load after the withdrawal deadline, additional permission is required from an Academic Dean.

Name:	Family	First	KSU/WID #:
E-mail:			Daytime Phone:
Visa Type: □ F-1 □ J-1 Major(s):			Education Level: Undergraduate Master's Ph
Semester for wh	ich a reduced c	ourse load is requested:	Semester/Year
			Semester/Year
To be comple Please select the	eted by the Aca	demic Advisor/Dept. G	raduate Program Director/Medical Official be approved for enrolling less than full-time as well as the number of
To be comple Please select the	eted by the Aca	demic Advisor/Dept. G	raduate Program Director/Medical Official be approved for enrolling less than full-time as well as the number of
To be comple Please select the	eted by the Aca e circumstances int will enroll in for	demic Advisor/Dept. G	raduate Program Director/Medical Official be approved for enrolling less than full-time as well as the number of
To be comple Please select the hours the studen Academic Diffi	eted by the Aca e circumstances int will enroll in fo	n which the student may be or the semester requested a	raduate Program Director/Medical Official be approved for enrolling less than full-time as well as the number of
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To be comple Please select the hours the studen Academic Diffi	eted by the Aca e circumstances in the will enroll in for culties Initial difficult Unfamiliarity of	ademic Advisor/Dept. Go on which the student may be or the semester requested a y with the English langu- with U.S. teaching meth- se level placement	raduate Program Director/Medical Official be approved for enrolling less than full-time as well as the number of above. uage or reading requirements.

credit hours, graduate students for 5 credit hours). You may receive permission to reduce your credit load due to an academic difficulty only once

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■ Medical Condition	
 Temporary illness or medical condition. This form medical official (as described below) as well as a l 	must be submitted with the signature of an appropriate etter on letterhead signed by said official.
semester and how many credit hours s/he recommends the stud 2) be signed by a U.S. licensed medical doctor, doctor of osteopa	reasons. The letter from the medical professional must state the lent be enrolled (even if it is zero); athy, a licensed psychologist, or a licensed clinical psychologist;
3) substantiate the illness or medical condition. The following wording is suggested: As a "licensed medical doctor psychologist), I recommend "Student's full name and date of birth withdraw from all classes) due to a temporary illness or medical condition. After receiving permission, the student may enroll for the num receive this permission for a maximum of 12 months (2 academ Final semester or Completion of minimum program requirements provide expected degree completion date:	"reduce his/her course load to include "X" number of hours (or ondition for the "appropriate semester." ber of credit hours recommended by the doctor. You may only nic semesters) during the current degree level. nirements:
☐ <u>Undergraduate Student</u> :	program and the remaining credit requirements is less than
☐ Graduate Students: An approved program of study ☐ Non-Thesis Option- student is finishing all prequested and is scheduled to graduate the expression of the student in the student is finishing all prequested and is scheduled to graduate the expression of the student in the student is finishing all predictions.	orogram requirements as listed on POS during the term and of the semester noted above.
on the POS, which includes courses and red Student will continue to enroll in research	mpleted all program requirements. (All requirements listed quired research hours necessary for degree completion) h/thesis hours while completing thesis/dissertation. mester requested per page 1:
After receiving permission from ISSS, the student is eligible to If the application for a reduced course load is based on final se reflect the actual program completion date and a new I-20 or I	mester, the end date on the I-20 or DS-2019 will be adjusted to
Signature of Academic Advisor (undergraduates) or Dep Official I hereby support the request for a reduced coarse load an forwarded on to the Graduate School for review before ISSS can	nd certify the reason given is accurate. This form will be
Name:	_ Title:
Signature:	Date:
E-Mail: Phone:	<u> </u>
Graduate School Section: Review of academic program. POS on file: Yes □ No □ Stamped Approval of Graduate School:	Comments per review of file:
Office Use: Request for RCL approved: Yes I-20/DS-2019 end date edited: Yes New I-20/DS-2019 printed: Yes I	No ☐ DSO Approval Stamp/Signature: No ☐ No ☐
UNIVERSITY Manhat Phone: Email: is	ernational Student Center, Kansas State University tan, KS, 66506-6701 U.S.A. 785-532-6448 - Fax: 785-532-6607 sss@k-state.edu edu/isss - facebook.com/isssksu