

FORM INFORMATION

This form provides information to the Office of International Education and Global Engagement about your immigration eligibility for a Reduced Course Load. If eligible, a DSO will update your SEVIS record and provide an updated Form I-20 with RCL approval.

STUDENT INFORMATION

NAME: _____ **KU ID:** _____

MAJOR(S): _____

MINOR(S): _____

DEGREE LEVEL AT KU: ☐ UNDERGRADUATE ☐ GRADUATE - MASTERS ☐ GRADUATE - DOCTORAL

WHAT TERM ARE YOU REQUESTING A REDUCED COURSE LOAD FOR? _____

INDICATE THE TYPE OF REDUCED COURSE LOAD YOU ARE REQUESTING:

☐ **(OPTION 1) ILLNESS OR MEDICAL CONDITION**

ALSO SELECT THE FOLLOWING:

☐ THIS IS AN INITIAL REQUEST

☐ THIS IS AN EXTENSION REQUEST

ALSO SELECT THE FOLLOWING:

☐ I WILL NOT BE REGISTERED FOR CREDITS.

☐ I WILL BE REGISTERED FOR _____ CREDITS.

☐ **(OPTION 2) ACADEMIC DIFFICULTIES**

ALSO SELECT A SUB REASON:

☐ IMPROPER COURSE LEVEL PLACEMENT

☐ INITIAL DIFFICULTY WITH READING REQUIREMENTS

☐ INITIAL DIFFICULTY WITH THE ENGLISH LANGUAGE

☐ UNFAMILIARITY WITH U.S. TEACHING METHODS

☐ **(OPTION 3) TO COMPLETE COURSE OF STUDY**

ANTICIPATED TERM OF GRADUATION: _____

PROVIDE ADDITIONAL INFORMATION:

STUDENT SIGNATURE & DATE: _____

ACADEMIC DEPARTMENT RECOMMENDATION

STUDENT'S ANTICIPATED TERM OF GRADUATION: _____

REQUIRED CREDIT HOURS REMAINING (EXCLUDING CURRENT ENROLLMENT): _____

By signing this form, the academic advisor is certifying that the student is either (1) requesting an RCL for their final semester at Kutztown University or (2) has a bona fide academic difficulty or medical reason for requesting an RCL.

ADVISOR/DEPARTMENT CHAIR SIGNATURE & DATE: _____