Reduced Course Load Request Form

Required by U.S. federal immigration law, all Rutgers international students in F1 or J1 visa status must REGISTER full time every Fall and Spring semester and COMPLETE each course with a grade EXCEPT "W". However, under certain circumstances, the law allows an exception from the full course of study requirement. A student must obtain approval from OISS for an exception before dropping below full time to avoid violation of his/her visa status. If the student fails to comply with these provisions s/he will fall out of legal status.

**IMPORTANT NOTE:** An F-1 student is NOT eligible for reduced course load according to 8 CFR (U.S. Code of Federal Regulations) § 214.2(f)(6)(iii)(C), "If the student is not required to take any additional courses to satisfy the requirements for completion, but continues to be enrolled for administrative purposes, the student is considered to have completed the course of study and must take action to maintain status. Such action may include application for change of status or departure from the U.S.” If this describes your situation, consult OISS about filing for OPT as another action you may take.

**TO BE COMPLETED BY THE STUDENT**

Student Name: ___________________________ RUID__________________

Phone #: (_______) ________ -_________ Rutgers Email address:________________________

Major: ___________________________ Degree (circle one): Bachelor’s Master’s Doctorate

School within Rutgers: ___________________________ SEVIS ID#: N_________

Are you present in the United States? Yes No when will you return ___________

**For use of Graduate Program Director, Academic Advisor or Assoc/Asst Dean ONLY:**

Semester for which the student is requesting Less Than Full Time: _________ Year ________

Intended Number of Credits for Registration: _________ Credits Accumulated: _________

Anticipated Coursework Completion Date (excluding dissertation/thesis): ________________

Anticipated Degree Program Completion Date (dissertation/thesis): ________________

**Reason For Reduced Course Load:** (Please check ONLY ONE box below.)

- MEDICAL CONDITION:
  - must be certified and recommended in writing by a physician (M.D.), doctor of osteopathy (D.O.) or licensed clinical psychologist;
  - must submit a new RCL form every semester if illness lasts more than one semester;
  - permitted for maximum of 12 months while student is pursuing any one degree program;
  - may not be employed on or off-campus during semesters authorized for medically-necessitated reduced course load.
ACADEMIC REASON (Permitted only one semester per degree level, exception must fall into one of the categories listed below):

- Initial difficulty with the English language (first semester in first U.S. Degree Program only)
- Initial difficulty with reading requirements (first semester in first U.S. Degree Program only)
- Unfamiliarity with U.S. teaching methods (first semester in first U.S. Degree Program only)
- Improper course level placement (must attach letter from Academic Dean/Graduate Program Director to verify withdrawal reason; must keep “W” grade on record to prove full time registration occurred earlier in the semester)
- Final semester before completing the degree program AND only needs less than a full time course load to complete the academic requirement.
- A graduate student who is in final semester to complete ALL coursework before starting dissertation research or who has completed ALL coursework and is preparing for qualifying examinations or conducting dissertation research (must register for “Continued Matriculation”).
- Student waiting for a REQUIRED course offered only the following semester in order to finish ALL course work or degree requirements:

  Course Number _____________ Course Name ____________________________

  How often is this course offered? ____________________________

  Why didn’t this student take it the last time it was offered? ____________________________

  Student MUST complete all course work (for graduate students) or complete the degree program (for undergraduate students) at the end of the following semester.

DEAN/GRADUATE PROGRAM DIRECTOR CERTIFICATION & CONTACT INFORMATION

Please do NOT sign this form if the IMPORTANT NOTE on Page 1 applies to this student.

I have reviewed all of the information noted on both pages of this form and I certify that all information provided on this form is accurate to the best of my knowledge and judgment.

Name and Signature of Graduate Program Director, Academic Advisor or Assoc/Asst Dean

Print Name: __________________________ Signature: __________________________

Campus Ext. __________________ Email __________________________ Date ________________

TO BE COMPLETED BY A DSO (DESIGNATED SCHOOL OFFICIAL) IN OISS

The above stated information is acceptable deeming this student full-time status according to 8CFR214.2(f)(6).

DSO Name: __________________________ Signature: __________________________ Date: ________________