

# MONROE COLLEGE

## International Student Services

### REDUCED COURSE LOAD (RCL) REQUEST FOR F-1 STUDENTS

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Monroe ID # \_\_\_\_\_

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip) \_\_\_\_\_

Email Address \_\_\_\_\_

U.S. Cell Phone Number \_\_\_\_\_

Academic Program (check one):  ELLI  Certificate  Associate  Bachelor  Master's

SEVIS ID Number (top left corner of I-20): N \_\_\_\_\_

#### Use this form to request permission to drop below full-time enrollment.

Semester and year that you are requesting RCL:  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_

**From the list below, select the reason you are requesting to drop below full-time enrollment. The reasons listed here are the only allowable justification for an RCL. If you select *documented illness or medical condition*, you are required to provide us with a signed letter from a licensed medical doctor, doctor of osteopathy, or clinical psychologist (licensed to practice in the U.S.) to substantiate your illness or medical condition. Letters must be in English or accompanied by a certified English translation. The letter must specify the duration that you should be excused from full-time enrollment and whether you can take some courses or none at all.**

#### Reason

- Initial Difficulty with English Language
- Initial Difficulty with Reading Requirements
- Unfamiliarity with American Teaching Methods
- Improper Course Level Placement
- Documented Illness or Medical Condition

#### Academic Advisor Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Date Signed

\_\_\_ / \_\_\_ / \_\_\_\_  
\_\_\_ / \_\_\_ / \_\_\_\_  
\_\_\_ / \_\_\_ / \_\_\_\_  
\_\_\_ / \_\_\_ / \_\_\_\_  
\_\_\_ / \_\_\_ / \_\_\_\_  
MM DD YYYY

Please list the type and dates of any previously authorized reduced course load: \_\_\_\_\_

I understand that I must take at least 6 credits or half the clock hours required for a full course of study unless my doctor specifies otherwise. I must enroll full-time for the semester following my RCL. I am eligible for one semester of RCL per education level for academic difficulties. I am allowed a total of 12 months of RCL per education level for a documented illness or medical condition. New documentation and DSO authorization is required for each new semester for which I am requesting RCL.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

#### OFFICE OF STUDENT SERVICES

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