



Date: \_\_\_\_\_

**ACADEMIC REDUCED COURSE LOAD**

Students who wish to drop below full time (12 credits, 3 of which can be online), during the academic term, may apply for reduced course load (RCL). **Do not drop below 12 credits until you are approved from the Cranwell International Center.**

RCL can be approved for academic difficulty only once per degree level. Students who are approved for Academic RCL must enroll for at least 6 credits, with at least 3 credits on-campus.

- Do not complete this form if a 'W' grade will be given.
- Please complete this form if the course will be removed from the student's transcript and a 'W' grade will not be received.

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
Last/Family First Middle (if any)

Email: \_\_\_\_\_ VT ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ SEVIS ID: N00 \_\_\_\_\_

Local address: \_\_\_\_\_  
Street Address City State Zip Code

**TO BE COMPLETED BY ACADEMIC ADVISOR OR PROFESSOR**

Full-time is 12 credits, 3 of which can be taken online. The student is requesting to drop below full-time. Immigration regulations permit this only under limited circumstances. Either the Academic Advisor or the Professor must sign the form, depending on the academic reason listed below.

For which semester is the student requesting a reduced course load?

Fall Spring Summer I Summer II Year \_\_\_\_\_

Immigration regulations only allow reduced course loads to be granted in the following circumstances:

1. \_\_\_\_\_ Initial difficulty with the English language (*1<sup>st</sup> semester only - Professor*)
2. \_\_\_\_\_ Initial difficulty with reading requirements (*1<sup>st</sup> semester only - Professor*)
3. \_\_\_\_\_ Improper course level placement (*Please explain in comment section below - Academic Advisor*)
4. \_\_\_\_\_ Unfamiliarity with American teaching methods (*1<sup>st</sup> semester only - Professor*)
5. \_\_\_\_\_ Student will complete course of study in current semester (*Academic Advisor*)

\*\*\*If you select **reason 5**, please indicate the number of credits the student will enroll in \_\_\_\_\_\*\*\*

Advisor/Professor Name \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Professor Signature \_\_\_\_\_ Advisor Title \_\_\_\_\_

Comments

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