

F-1 REQUEST for REDUCED COURSE LOAD

This form is to be used by F-1 students to request a one-semester Reduced Course Load (RCL)

Full time is 12 credit hours at Macomb Community College. **You must either be enrolled full-time or approved for RCL by the beginning of each term.** If you want to withdraw from a course which will cause you to be less than full time after the Drop/Add deadline, you must be approved for RCL before dropping the course. Failure to obtain RCL approval will cause loss of F-1 status and result in termination of your SEVIS record.

Unless this is for your final term, you must meet with International Student Services Office (ISSO) to submit this request.

Instructions for Completion:

1. If for **medical reasons**, you must submit a letter on letterhead written by a licensed medical practitioner recommending a reduced course load on the basis of a medical condition for which you are receiving care. The letter does not need to provide details of the diagnosis but must include whether the recommendation is for part time study (less than 12 credits) or no study (0 credits) along with when student can return to full time status.
2. If for **academic difficulty**, you must make an appointment to meet with a Counselor in Counseling & Academic Advising. They must complete the form below explaining the request for a Reduced Course Load on the basis of academic difficulty.
3. If for your **final a**, you must apply for graduation in your My Macomb account before completing and submitting this form.

STUDENT NAME (PLEASE PRINT)	MACOMB USER ID
EMAIL ADDRESS	PHONE NUMBER
Student's Rationale:	
STUDENT SIGNATURE	DATE

To be Completed by a Counselor

Reason for RCL:

Initial difficulties with English language Unfamiliar with U.S. teaching methods Other Reason (please explain):

By signing this form, I have met with the student and believe the student can complete their requirements with a one year extension.

COUNSELOR SIGNATURE

DATE

Office of International Student Services

South Campus, SG-224
Macomb Community College
14500 E. 12 Mile Road
Warren, MI 48088-3896
Phone: 586.445.7999 Fax: 586.445.7140
email: F1student@macomb.edu

OFFICE USE ONLY:

ISSO Action:

Approved Denied

Date Processed: _____ By: _____

DSO SIGNATURE _____