

Reduced Course Load Request

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	☐ Bachelors ☐ Master	☐ F-1 ☐ J-1

Local Address:

U.S. Citizenship and Immigration Services (USCIS) regulations require that international students **ENROLL** and **COMPLETE** the following number of credits each semester in order to maintain valid F-1 or J-1 non-immigrant student status:

Credits	Student Type:
12	Undergraduate
9	Graduate

THIS PORTION TO BE FILLED OUT AND SIGNED BY YOUR ACADEMIC ADVISOR

Reasons for a Reduced Course Load (RCL):

☐ To complete course of study in current term (student's final semester)☐ Unfamiliarity with American Teaching Methods (can be used one semester only per degree level)☐ Improper Course Level Placement☐ Illness or other medical condition (Student Health Center or Medical Doctor (M.D.) documentation required)

Semester Requesting for: _____ Number of Credits Student will Register for: _____

As the Academic Advisor for this student, I approve this student to carry less than the required number of credits as indicated above.

Academic Advisor Signature

Academic Advisor Name (please print)

Date

GEO Office use: ☐ Approved ☐ Denied Signature of DSO _____ Date _____