



International Student Admissions & Programs  
westga.edu/isap

# RCL: Reduced Course Load Request

v. 12.2019

Please Write Clearly To Avoid Delays in Processing

**Purpose:** To obtain proper authorization for less than full-time enrollment during your program of study without negative effect on your SEVIS record

**Details:** Before submitting this form to ISAP, [review the RCL details](#) and meet with an ISAP Advisor

**Regulation:** 9 CFR214.2(f)6(iii)

## SECTION I: STUDENT INFO

Student's Family (Last) Name: \_\_\_\_\_ Given (First) Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: 917 \_\_\_\_\_  
(mm/dd/yyyy)

UWG Email: \_\_\_\_\_@westga.edu SEVIS #: N00 \_\_\_\_\_

Visa Type: F1  J1  What is the end date on your printed I-20 or DS-2019? \_\_\_\_\_  
(mm/dd/yyyy)

Degree Level: Bachelors  Masters  Doctorate  Major: \_\_\_\_\_

## SECTION II: REASON FOR RCL REQUEST (select one below):

1. Final Term  Indicate the final semester and year of your program: \_\_\_\_\_
2. Medical  I understand that I must provide acceptable documentation with this form.
3. Academic  Please further check by the academic reason that fits your situation below.
  - a. Difficulty with the English Language or Reading in my 1<sup>st</sup> semester in the U.S.
  - b. Improper Course Placement  \*Requires written admission of error by a UWG official.

Briefly explain the nature of the language difficulty or improper course placement below.

Is your Academic Advisor / Department aware of your RCL plans? Yes  No

- If NO, ISAP cannot process your RCL. It is your responsibility to communicate your plans to him / her.
- If YES, please ask your academic advisor to initial here: \_\_\_\_\_ and complete section III below.

**Next**, when your academic advisor completes section III, sign the acknowledgement after section III, and return this completed form to ISAP for processing. ISAP will email you once your RCL is approved. **Only then**, can you withdraw from a course and maintain active immigration status.

**SECTION III: ACADEMIC ADVISOR**

*I am aware of the circumstances above, have reviewed the student's academic records, and support this student's request for a Reduced Course Load (RCL) for the semester, term and reason indicated above in Section II.*

Academic Advisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_@westga.edu

Title: \_\_\_\_\_ UWG Phone: \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
(mm/dd/yyyy)

**STUDENT: Please acknowledge the Statement of Understanding**

*I understand that I must not withdraw or drop below full-time enrollment without prior approval and proper authorization. Doing so is a basis for termination of my current immigration status.*

**Student's Signature & Date:** \_\_\_\_\_

(mm/dd/yyyy)