International Students Request for Reduce Course Load (RCL)

**General Information:** A request for part-time attendance **REQUIRES** approval from the Graduate School (graduate students only), Dean of the College (undergraduate students only) and the **Office of International Students and Scholars.** If your reason for requesting a reduced course load is not described in the list below, the Office of International Students and Scholars **MUST** reject your petition.

**Please Note**

- **Academic Difficulties:** can only be granted **once per educational/degree level.** The student’s advisor must submit documentation substantiating the academic reason. Students who are granted part-time under academic difficulties are expected to resume a full-course of study in the next available term (except the summer term). If student has already been granted part-time for academic difficulty (even at another school), at the current academic level, then the student cannot request part-time again under academic difficulty.

- **Completing the Current Term and/or Graduation:** If fewer courses than normal are needed to complete the course of study, the Designated School Official (DSO) can authorize part-time during the final term. **Part-time approval for this reason can be used only once.** If a student does not graduate by the end of the term, the student must register for a full-course of study for the next available term (except the summer term).

  “A student that requires an official RCL determination may **not** take “0” courses (i.e., CRG) during the final term. Even if the school continues to enroll the student for **administrative** reasons the student who will complete all requirements for the degree must: (1) apply for OPT, OR (2) apply for a change of status to some other classification, or (3) depart the United States.”

- **Temporary Illness and/or Medical Condition:** A reduced course load (part-time) or **leave of absence** (if necessary) can be approved for a student due to a temporary illness or medical condition. It can only be approved for a **total of 12 months** (2 consecutive academic semesters). A request for medical reasons requires documentation from a licensed medical doctor (e.g., osteopathy, licensed clinical psychologist, psychiatrist, etc.). A student previously authorized 12 months of part-time due to illness or medical reason may not be authorized to reduce his or her course of study again, at the same program level. Documentation substantiating the medical condition must be submitted **every semester.** If more time is needed for the student to recuperate from the medical condition, USCIS expects the student to change to another status or leave the country.

**PLEASE DO NOT REQUEST REDUCE COURSE LOAD IF YOUR REASONS INCLUDE:**

- Lack of funding
- Class is not offered in a given semester
REDUCE COURSE LOAD

Date Submitted: _____________________

Student’s Last Name: _____________________ First Name: _________________________________

URI ID #: _____________________ E-mail: ________________________________

Reduced Course Load request: (select one only)

☐ Fall 2016 ☐ 2017 ☐ 2018 ☐ 2019
☐ Spring 2016 ☐ 2017 ☐ 2018 ☐ 2019

Leave of Absence: (select one only)

☐ Fall 2016 ☐ 2017 ☐ 2018 ☐ 2019
☐ Spring 2016 ☐ 2017 ☐ 2018 ☐ 2019

Student is requesting less than a full course load (part-time) for the following reason (select one only):

A. ☐ ACADEMIC DIFFICULTIES: (select one):

☐ Initial difficulty with the English language
☐ Initial difficulty with the reading requirements
☐ Unfamiliarity with American Teaching methods
☐ Improper course level placement

B. ☐ TO COMPLETE COURSE OF STUDY IN CURRENT TERM (final semester)

C. ☐ ILLNESS OR MEDICAL CONDITION: The student will enroll in ____ credits.

D. ☐ STUDENT STUDYING OR INTERNING ABROAD

Print Student’s Name _____________________ Phone:( _____)_____

Signature of student _____________________

Name of Academic Advisor/ Department Dean or Chair _____________________ Phone:( _____)_____

Signature of Academic Advisor/ Department Dean or Chair _____________________

Name of Dean of Graduate School _____________________ Phone:( _____)_____

Signature of Dean of Graduate School (Graduate student only) _____________________ (Graduate student only)

NOTE: GRADUATE SCHOOL SIGNATURE REQUIRED ONLY FOR LEAVE OF ABSENCE AND B (TO COMPLETE STUDY IN CURRENT TERM)

------------------------------Office of International Students and Scholars use only-----------------------------

Reviewed by: _____________________ Date: _____/ _____/ _____