F-1/J-1 Students: REDUCED COURSE LOAD REQUEST FORM

This form is to be used by F-1/J-1 students to request approval for Reduced Course Load (RCL) enrollment from the Millersville University Office of International Programs and Services (IPS). Please allow one week for processing.

<table>
<thead>
<tr>
<th>First Name, Middle Initial</th>
<th>Last Name</th>
<th>M Number</th>
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<tbody>
<tr>
<td>Date of Birth (mm-dd-yyyy)</td>
<td>Gender</td>
<td>Telephone</td>
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<td>☐ Male ☐ Female</td>
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<td>Address</td>
<td>City</td>
<td>State/Province</td>
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**IMPORTANT INFORMATION. PLEASE READ**

- Read the Reduced Course Load information on the Office of International Programs and Services website before completing this request form.
- Full-time status is 12 credits for undergraduate students, 6-8 credits for graduate students, or 20 hours for ELI.
- You must either be enrolled full-time or approved for RCL by the Drop/Add deadline set by the University Registrar 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 gain RCL approval will cause loss of F-1/J-1 status and termination of your SEVIS record.

Once this request is approved, a new I-20/DS-2019 will be issued to you with the RCL listed.

**CHECKLIST OF REQUIRED DOCUMENTS**

- ☐ Copy of your current I-94
- ☐ Copy of your current and previous I-20s (pages 1 & 2) or DS-2019
- ☐ An unofficial transcript downloaded from MAX
- ☐ A letter written by a licensed medical or osteopathic doctor or licensed clinical psychologist (requests for medical reasons).

To be completed only by an Office of International Programs and Services Advisor

- Academic term _________________ Number of credits enrolled __________________
- Check one reason for RCL and specify.
  - ☐ RCL for Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)] (Must be enrolled at least ½ time). (Specify).
  - ☐ Initial difficulties with English language
  - ☐ Unfamiliarity with American teaching methods
  - ☐ Medical Reasons [8 CFR 214.2(f)(6)(iii)(C)]
  - ☐ Initial difficulties with reading requirements
  - ☐ Improper course placement
  - ☐ Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)] Program Completion Date: _________________
- ☐ Shorten ☐ Yes __________________________ mm/dd/yyyy ☐ No

IPS Advisor initials: ___________ Date: ___________