

## F-1/J-1 Students: **REDUCED COURSE LOAD**

## **REQUEST FORM**

This form is to be used by F-1/J-1 Center for International Programs	and Services (IP		Reduced Course Load	l (RCL) enro	llment froi	n the Mil	llersville University Warfel			
Please allow one week for proce	essing.									
First Name, Middle Initial		Last Name			Student ID Number					
Date of Birth (mm-dd-yyyy)			☐ Female Telephone		Millersville Ema		ail			
Address		City		State/Province			Zip Code			
IMPORTANT INFORMAT	ION DIFASE	DEAD								
IMPORIANT INFORMAT	ION. FLEASE	KEAD								
<ul> <li>completing this reque</li> <li>Full-time status is 12</li> <li>You must either be enterm.</li> </ul>	est form. credits for undenrolled full-time aw from a cours fore dropping the	ergraduate stud e or approved for se which will contact the course.	lents, 6 credits for g for RCL by the Drop ause you to be less	raduate stud D/Add dead than full-tir	dents, or a	20 hours y the Uni he Drop/	Add deadline, you must be			
Once this request is approve	d, a new I-20/ <b>E</b>	S-2019 will be	Once this request is approved, a new I-20/DS-2019 will be issued to you with the RCL listed.							
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CHECKLIST OF REQUIRE	ED DOCUMEN	NTS WHICH	-			E <b>PRO</b> C	EESSED			
CHECKLIST OF REQUIRI  Copy of your current I-94 Copy of your current and p An unofficial transcript do A letter written by a license	previous I-20s (	pages 1 & 2) o MAX	MUST ACCOMPA	ANY FOR	M TO BI					
☐ Copy of your current I-94☐ Copy of your current and ☐ An unofficial transcript do	previous I-20s (	pages 1 & 2) o MAX	MUST ACCOMPA	ANY FOR	M TO BI					
☐ Copy of your current I-94☐ Copy of your current and ☐ An unofficial transcript do	previous I-20s ( wnloaded from sed medical or o	pages 1 & 2) o MAX steopathic doc	MUST ACCOMPA or DS-2019 otor or licensed clini	ANY FOR	M TO BI					
Copy of your current I-94 Copy of your current and y An unofficial transcript do A letter written by a licens  COMPLETED BY STUDEN  Specify Academic ter Check one reason for RCL for accompanied by Initial dir Unfamilia Medical Improper Complet Complet	previous I-20s (pwnloaded from sed medical or of sed medical or Academic Dity support from acad fficulties with Eliarity with American sed from sed	pages 1 & 2) o MAX steopathic doc  Y REQUEST  & Nu fy.  fficulties durin lemic advisor). Inglish languag rican teaching in 214.2(f)(6)(iii)(C) ent Study [8 CFR	must Accompanied of DS-2019  amber of credits enruge (initial term) [8 CF methods (initial term)] (Must be accompanied 214.2(f)(6)(iii)(C)]	cal psychol  cal psychol  olled  FR 214.2(f)(6)  m) [8 CFR 21 by support from  Program	ogist (rec	Juests for Just be enroust be enr	r medical reasons).  rolled at least ½ time). (Must be belled at least ½ time). (Must be belled at least ½ time). (Must be enrolled at least ½ time).			
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