



Reduced Course Load (RCL) Authorization Form

All F-1 and J-1 students are required by immigration law to register for and successfully complete a full course load each academic term (12 semester hours or 9 quarter hours). This excludes an annual vacation term, which is typically taken in the summer based on UR academic calendars. Students may not take 2 consecutive vacation terms.

The purpose of this form is to authorize a student for less than full-time registration for a specified term. Graduate students do not need to complete this form if they are considered to be full-time, despite their academic credits for a specific term. The equivalent of 12 semester credits or 9 quarter credits may include an assistantship, fellowship, TA position, or other required activity, provided your academic record reflects full-time enrollment.

SEVIS requires that a Reduced Course Load be authorized by the ISO in advance. Failure to comply with this regulation may have severe consequences on your ability to stay in the U.S. to study or work in F-1 or J-1 status.

J-1 students are required and F-1 students are recommended to **maintain health insurance coverage** at all times during their program. Please email insurance@uhs.rochester.edu to discuss your options for continuing UR health insurance coverage and other benefits typically available only to full-time students.

Student Information: University ID#: _____

Name: _____ Date of Birth: ____ / ____ / ____

Email: _____ Phone: _____

Term(s) Requested: _____ Intended number of credits: _____ Expected Completion Date: _____

Recommendation of Academic Advisor: *Please check the appropriate reason for RCL request*

- Academic Difficulties:** Students may claim this category only once at each level of study and must maintain registration of at least 6 credits. Please select the appropriate reason for academic difficulty below:
 - Initial difficulties with the English language or reading requirements
 - Unfamiliarity with U.S. teaching methods
 - Improper course level placement
- Medical Condition** (*additional documentation is required*): Please attach a letter from a University Health Service (UHS) physician to confirm that the diagnosis from a licensed physician or clinical psychologist warrants either a reduction in courses or a medical leave of absence. This option is renewable for up to 12 months in aggregate, provided the renewal is obtained in advance every term. If more than 12 months are needed, the student must change status or leave the U.S. to pursue medical care at home. *UHS documentation is attached.*
- Concurrent Enrollment:** Student will enroll in courses at UR and another recognized school/program during this term. Name of school: _____ *Proof of enrollment is attached.*
- Final Term:** Student will complete degree requirements this term and has fewer than full-time credits remaining. Confirm scheduled Completion Date: ____ / ____ / ____

Advisor's Name: _____ Phone: _____

Signature: _____ Date: _____

Certification from Dean's Office:		
_____	_____	_____
Grad/Undergrad Dean's Signature	Name (print)	Date