



## Reduced Course Load Form

### Directions:

1. Complete and submit the RCL Form to the IP office before the start of the quarter. Email the form to: [scieadvising@seattlecolleges.edu](mailto:scieadvising@seattlecolleges.edu)
2. Remember to attach additional documents if required
3. Students will receive an email from their DSO regarding approval or denial for the request.

### Part 1 – To be completed by the STUDENT

Name: \_\_\_\_\_  
Family Name First Name Middle Name

Student ID # \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

### Select reason for reduced enrollment and submit additional documentation as noted:

- Vacation Quarter: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_
- Leave of Absence: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_  
*Attach copy of roundtrip plane ticket*
- Final Quarter of Study: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_  
*Students must apply for graduation with the CIE Office before submitting this form*
- Medical Leave: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_  
*Have licensed medical doctor, doctor of osteopathy or licensed clinical psychologist complete Part 3 of form*
- Concurrent enrollment: \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_  
*Schedule of class at the other school attached. Please note that you must submit an official transcript at the end of the quarter.*
- Initial Academic Difficulty (first quarter only): \_\_\_\_\_ (Quarter) 20 \_\_\_\_\_  
*Have Instructor or Academic Advisor complete Part 2 of form*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IP Office Use Only: Reduce Course Load:**  Approved  Denied **No Course Load:**  Approved  Denied

Data Entry:  DB  Sunapsis  Email DSO: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 – To be completed by the Instructor, Academic Advisor, or Designated School Official**

**Federal law requires that international students, as non-immigrant visa holders, take a full course load during their studies in the U.S. Students are required to register for 12 course hours for college level students and 18 course hours for IEP students. Students may be authorized to enroll in less than full-time course work for the reasons listed below. Please indicate the reason for reduced course load below and provide additional comments if necessary.**

- Initial difficulties with the English language or difficulties with reading requirements [8 CFR 214.2(f)(6)(iii) (A)].  
*Have Instructor certify this below.*
- Unfamiliarity with American teaching methods [8 CFR 214.2(f)(6)(iii)(A)]. *Have Instructor certify this below.*
- Improper course level placement [8 CFR 214.2(f)(6)(iii)(A)]. *Have Instructor or Advisor certify this below.*
- Authorized vacation period [8 CFR 214.2(f)(5)(iii)]. Student was enrolled for three consecutive quarters and intends to register for the next quarter following the vacation.
- Concurrently enrolled in two DHS-approved schools for a full-time study [8 CFR 214.2(f)(iii)(iv)].
- In final term and enrolled for the number of credits needed to complete the program of study [8 CFR 14.2(f)(6)(iii)(C)]. *Have a Counselor or Advisor certify this below.*

Comments by Instructor/Academic Advisor/ Designated School Official: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3 – To be completed ONLY by Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist**

**Federal law requires that international students, as non-immigrant visa holders, take a full course load during their studies in the U.S. Students are required to register for 12 course hours for college level students and 18 course hours for IEP students. Students may be authorized to enroll in less than full-time coursework or, if necessary, in no classes at all due to a temporary illness or medical condition.**

In accordance with United States Federal Register 8 [CFR 214.2 (f)(6)(iii)(B)] only a U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist may substantiate the illness or medical condition.

**I recommend (please check one):**

- Reduced academic course load (part-time study)
- Withdrawal from all courses / no enrollment
- Student should be able to handle full course load

**Effective for the following quarter(s):**

- Fall 20\_\_\_\_ (September-December)
- Winter 20\_\_\_\_ (January-March)
- Spring 20\_\_\_\_ (April-June)
- Summer 20\_\_\_\_ (June-August)

**To the best of my knowledge, this patient should be able to resume full-time study as required by immigration regulations by: \_\_\_\_\_ 20\_\_\_\_.**

**Comments:** \_\_\_\_\_

Medical Doctor or Licensed Psychologist Name (please print): \_\_\_\_\_

Credential/Title Hospital/Clinic/Facility Name & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_