



## Office of International Student Services

### REDUCED COURSE LOAD REQUEST

**Signing this form is a formal request seeking permission to have a reduced course load for this semester.**

**To Be Completed by Student:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**NCWU ID:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Intended number of credits:** \_\_\_\_\_ **Semester/Year of intended RCL:** \_\_\_\_\_

*Please Note: There may be financial, insurance, and other consequences for dropping below full-time status. Please check with the Business Office and the Registrar's Office regarding your eligibility (if applicable) to confirm if there will be any issues.*

**What is the purpose of the Reduced Course Load (RCL) request?**

\_\_\_ Medical necessity (Please provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.)

\_\_\_ Initial difficulty with English language (Valid for first semester only.)

\_\_\_ Initial difficulty with English reading requirements (Valid for first semester only)

\_\_\_ Unfamiliarity with U.S. teaching methods (Valid for first semester only)

\_\_\_ Improper course level placement (Please attach letter of explanation from Advisor.)

I certify that I understand the requirements, procedures and ramifications stated on this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To Be Completed by the Academic Advisor:**

**Advisor's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Academic Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send completed form to Dawn Turner at [dtturner@ncwc.edu](mailto:dtturner@ncwc.edu)**