Reduced Course Load (RCL) Request

U.S. immigration regulations require F-1 students [8 C.F.R. § 214.2(f)(6)] and J-1 students [22 C.F.R. § 62.23(e)] to be registered full time (12 credit hours per semester for undergraduate and 9 credit hours for graduate students). This form must be completed and approved by OISS before dropping below minimum hours. Failure to do so is a violation of your immigration status and may result in the termination of your F-1 or J-1 status.

Note: Graduate students “must register for at least three credit hours in a semester. Students in their final semester who require less than three credit hours to complete their degree, may register for less than 3 credits with permission from the dean of graduate and postdoctoral studies.”

https://ga.rice.edu/graduate-students/academic-policies-procedures/regulations-procedures-all-degrees/#text

Student Information

Name: _________________________________________ Student ID: ________________ Telephone: ______________________________

Dept./Major(s): ______________________________________________________________ Email: ________________________________

Deg. Level: [ ] Bachelor’s [ ] Master’s [ ] Doctorate [ ] Artist Diploma Semester Requested (circle): Fall / Spring / Summer 20_______

Class(es) To Drop (if applicable): __________________________________________ Number of Credit Hours Remaining: ________ ________

I understand that I must register for at least half of a full-time course load (6 credits for undergraduates and 5 credits for graduate students) to be paid for on-campus employment.

Student Signature: __________________________________________________________ Date: __________ __________

The reasons listed below are the only options to drop below full-time enrollment under immigrations regulations: 8 C.F.R. § 214.2(f)(6)(iii) and 22 C.F.R. § 62.23(e).

Option 1: RCL DUE TO FINAL SEMESTER (Verified by Academic Advisor)

Students may take a reduced course load their final semester at Rice if they do not need a full-time course load to complete requirements for their degree program (includes major and minor requirements for undergraduate students). Students must be enrolled in at least one required class. Students should note that failure to complete degree requirements as planned during final semester may result in a violation of immigration status.

I verify that the TOTAL number of hours still needed to complete the degree program in final semester is: _______________________

Name of Academic Advisor: ___________________________________ Signature: ________________________________ Date: __________

Option 2: RCL DUE TO ACADEMIC DIFFICULTY (Verified by Course Instructor)

Only permitted during one semester per degree program; minimum 6 credit hours still required. Meeting with an OISS advisor required. Select one reason:

[ ] Initial difficulty with the English language (1st sem. only) [ ] Unfamiliarity with American teaching methods (1st sem. only)

[ ] Initial difficulty with reading requirements (1st sem. only) [ ] Improper course level placement

Course Number: __________ Course Name: ________________________ Name of Course Instructor: ________________________________

I verify that the student requires an RCL for academic difficulty due to one of the reasons above, which I have marked.

Name of Course Instructor: ___________________________ Signature: _________________________________ Date: __________ __________

Name of Academic Advisor: __________________________ Signature: _________________________________ Date: __________ __________

NOTE: NCAA Athletes must have signature of Athletic Academic Advisor on this form.

Option 3: RCL DUE TO ILLNESS OR MEDICAL CONDITION

(Verified by letter from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist).

Medical conditions require sufficient documentation, including a letter stating the nature of the medical condition, the reason for a reduced course load, and how many credit hours a student should take. Approvals are considered on a case-by-case basis and OISS advisor consultation required.

[ ] Student: I verify that I have attached the letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to this RCL request.

Notified DOU/GPS? [ ] Yes [ ] No

OISS Authorization: [ ] Yes [ ] No Approved by: __________________________ Date: __________