



Office of Graduate Studies
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INTERNATIONAL STUDENT SERVICES

REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD FOR STUDENTS IN F-1 STATUS

According to 8 CFR (Code of Federal Regulations) § 214.2(f)(6)(iii), the Designated School Official (DSO) may allow an F-1 student to engage in less than a full course of study as provided below. This form is to be submitted by students to request approval for Reduced Course Load (RCL).

Surname	Given Name	Middle Name	ASU ID
Date of Birth (mm-dd-yyyy)	Gender Male Female	Telephone	Email

Important Notes:

- Graduate full-time credits are 9-12 hours; 3-6 hours require approval for Reduced Course Load
- **A student who drops below a full course of study (after the drop-add period) without prior approval of a DSO will be considered out of status.**
- Contact academic advisor to discuss program of study in order to make recommendation for reduced course load if appropriate
- Student submitting a RCL form intends to graduate in that semester
- Request form must bear signature of student and advisor to be considered for approval

THIS SECTION COMPLETED BY THE STUDENT

Academic Term for Reduced Course Load Fall Spring Summer Year _____

Reason for Reduced Course Load (Check only one):

Academic Difficulties – initial difficulties with English language; unfamiliarity with American teaching methods; difficulties with reading requirements.

Medical Reasons – signed recommendation from licensed medical doctor must be submitted listing recommended number of course hours per week due to a medical reason including beginning and ending dates.

Completion of Course of Study – Less than a full course load to complete the program in the current academic term (student must graduate this semester). This applies to students enrolled in 3-6 hours.

Completion of Course of Study – Completed formal course work and is working on thesis, research project, internship, or the equivalent. Anticipated date of completion: _____

Signature of International Student: _____ Date: _____

THIS SECTION COMPLETED BY THE ADVISOR

Name of Advisor:	Title:
Department:	Telephone #:
Email:	Alternate Contact #:
<input type="checkbox"/> Approved: I certify that the student's request to take a reduced course load is due to one of the three reasons listed above. I provide the following information to support the recommendation:	<input type="checkbox"/> Denied: State reason(s).
Signature:	Date:

FINAL APPROVAL: THIS SECTION COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO)

<input type="checkbox"/> Approved	Comments:
<input type="checkbox"/> Denied	
Signature:	Date: