Dr. Jabulani Beza International Student Center ◆ Lincoln University
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REQUEST FOR REDUCED COURSE LOAD (RCL) DUE TO ACADEMIC DIFFICULTIES

I. To be completed by student (Please PRINT)

_____ _____
Last Name First Name LU Student ID

Program Level:
☐Associate's ☐Bachelor's ☐Master's ☐Specialist ☐Certificate

_____ _____
Email Phone #

I initially registered for a full-time load but I am now requesting approval for a reduced course load due to the academic difficulty cited below.

____Difficulty with the English language or reading requirements (first semester in the U.S. only)
____Unfamiliarity with the U.S. teaching methods (first semester in the U.S. only))
____Improper course level placement

I understand that I cannot reduce my course load until I obtain authorization from ISC. If my request is approved, I understand that I still must maintain an enrolment of a least six credit hours to remain in compliance with immigration regulations.

I understand that should I be approved for this semester, this will be a one-time approval. I will not be eligible to request another reduced course load for academic reasons for the duration of my current academic program.

I attest that the reason cited above, and documented herein, is true and valid.

_____ _____
Student's Signature Date

II. To be completed by ISC Advisor (Designated School Official):

In accordance with 8 CFR 214.2(f)(6)(iii)(A):

____***Student's request is APPROVED. This approval will be reported in SEVIS.***

____***Student's request is DENIED. He/She must remain registered for a full-time course load to remain in compliance with immigration regulations.***

NOTES:_____
_____
_____
_____

_____ _____ _____
ISC Advisor/DSO Signature Date

Distribution: _____ISC _____Student

FOR ISC USE ONLY:

Received on _____ **by**_____ **Student File Updated on:** _____
(Month/Day/Year) **(ISC advisor's name)** **(Month/Day/Year)**