

CAL POLY HUMBOLDT

International Programs · College of Extended Education & Global Engagement

Reduced Course-Load (RCL) Authorization

General Information

International F-1 & J-1 Students must enroll for a full course of study every fall and spring semester: 12 credit hours for undergraduate students; 9 credit hours for graduate students. Keep in mind that you must be making valid progress toward the completion of your degree program.

Before enrolling part-time, you must receive approval from an immigration advisor. Exceptions to full-time enrollment can be authorized for the reasons below:

Reason	Procedure for Authorization	Limit
Initial difficulty with English language or reading requirements	Request Academic Advisor or course instructor to complete the "Authorized Reduced Course-Load Form" (see next page) to confirm student's difficulty with English language or reading requirements.	1 semester per program level (i.e. 1 term each at BA/BS, MA/MS)
Unfamiliarity with U.S. teaching methods	Request Academic Advisor or course instructor to complete the "Authorized Reduced Course-Load Form" (see next page) to confirm student's unfamiliarity with U.S. teaching methods	1 semester per program level (i.e. 1 term each at BA/BS, MA/MS)
Improper course level placement	Request Academic Advisor or course instructor to complete the "Authorized Reduced Course-Load Form" (see next page) to confirm the student was placed in the wrong course.	1 semester per program level (i.e. 1 term each at BA/BS, MA/MS)
Medical condition	Student must provide letter from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Student must obtain a new letter from doctor each semester that part time enrollment is requested. The letter must be on official letterhead with a current date, diagnosis and recommendation. Letter is to be submitted with signed authorization form.	12 months per program level (i.e. 1 year during BA/BS degree, 1 year during MA/MS degree).
Undergraduate who needs less than 12 credits to complete last term.	Request Academic Advisor to complete the "Authorized Reduced Course-Load Form" (see next page) to confirm this information.	Last term only
Master's student who needs less than 9 credits to complete last term.	Major Professor should complete the "Reduced Course-Load Authorization Form" (see next page) to confirm this information. Attach candidacy papers.	Last term most common, but can be requested more than once, as needed, until degree is complete.
Master's student who has finished all coursework and only needs to complete thesis, research, or comprehensive exam.	Major professor should complete the "Reduced Course-Load Authorization Form" (see next page) to confirm that the student is enrolled in less than 9 units because s/he needs less than a full course load to complete degree. Must be making valid progress toward completion of degree.	Last term most common, but can be requested more than once, as needed, until degree is complete.

Reduced Course-Load Authorization Request

Part A: Student Information

This section to be completed by the student.

Name: _____
Family name (Last) First name (Given)

Address: _____

Email: _____ Phone: _____

Humboldt Student ID #: _____ Degree/Program: _____

Please select one of the following options:

- Initial difficulties with the English Language (confirm in explanation below)
- Initial difficulties with the reading requirements (confirm in explanation below)
- Unfamiliarity with American teaching methods (confirm in explanation below)
- Improper course placement (confirm in explanation below)
- An undergraduate student who needs fewer than 12 units to complete their program of study in their last term
- A graduate student who needs less than 9 units to complete their program of study in their last term
- A graduate student preparing for comprehensive exams or engaging in research on thesis (must be making valid progress toward completion of degree)
- Medical condition (advisor must be aware of a medical condition and sign below. Student must then take this form to the physician to complete section #2 (see below) and to obtain a letter describing the circumstances that hinder school performance.)

By signing below, you certify that the above selected reason for reduced course-load is accurate. Additionally, you certify that you are aware that a reduction in units to zero will result in your withdrawal from the Cal Poly Humboldt International Health Insurance plan.

Student signature: _____ Date: _____

Part B: Advisor Certification

This section to be completed by the academic advisor.

International Students on F-1 or J-1 student visas are allowed to enroll part-time only under certain circumstances to remain in compliance with the Department of Homeland Security. Those circumstances are outlined above. Please check which circumstances apply to your student, give a brief explanation and authorize part-time enrollment for the student with your signature. If you have any questions, please contact International Programs at CEEGE: (707) 826-4142.

Advisor explanation:

By signing below, you certify that the above selected reason for reduced course-load is accurate.

Advisor name: _____ Email: _____

Advisor signature: _____ Date: _____

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Part C: Physician Certification (only required for Medical Reduced Course-Load Requests)

This section to be completed by a licensed medical doctor, doctor of osteopathy, or a licensed clinical psychologist.

To the physician:

This student has stated that he/she is not able to attend full-time academic courses due to a medical condition. Federal regulations require that the reasons be documented. Please attach a letter describing the circumstances that hinder school attendance. In addition, please complete the appropriate statement below to specify whether the student is able to take a reduced course load or should take no classes at all.

I verify that I hold the following license: MD DO LP Specialization: _____

School participation recommended: student should take a reduced course-load. student should take no classes.

This recommendation applies from: _____ to: _____.

By signing below, you certify that the above selected reason for reduced course-load is accurate.

Physician name: _____

Physician signature: _____ Date: _____

For Official Use Only

Approved Denied Process RCL in SEVIS Shorten program in SEVIS if necessary Print new I-20 Email student _____

Date & Initials