



Reduced Course Load (RCL) Request Form

International students are required to be enrolled in a full course load each Fall and Spring Semester for a minimum of 12 units. Listed below are the allowable reasons per U.S. federal immigration regulations for a reduced course load. **Reasons must be verified by your academic counselor and then approved by our office before you are authorized to drop any courses.** Please complete this form and send it to our office or email to international@contracosta.edu.

NOTE: Approvals will be sent to your CCC student email address; **DO NOT DROP ANY COURSES UNTIL YOU RECEIVE EMAIL APPROVAL.**

To be completed by STUDENT:

Legal Name: _____ Student ID#: _____
Surname/Family Given Names
 Semester: (circle one) Fall or Spring Year: 20____ Email Address: _____

"By signing below, I understand that if I am authorized to reduce my course load, I must maintain a minimum of 6 units for the semester approved. For future semesters, I will maintain a full-time course load, unless it is my final semester and I do not need 12 units to graduate."

Student Signature _____
Date (Month/Day/Year)

To be completed by ACADEMIC COUNSELOR:

I recommend a Reduced Course Load for the student above for one of the following reason:

Reason for Reduced Course Load (select one): *Option #1-4 are possible once during their first semester. A reduction allows students to drop below 12 units to a minimum of 6 units.*

- 1. Initial difficulty with English language.
- 2. Initial difficulty with reading requirements
- 3. Unfamiliarity with American teaching methods.
- 4. Improper course level placement.
- 5. Medical reason enrolling less than full-time (documentation must be from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist). *Option #5 is possible for 12 total months at the current degree level, and must be resubmitted each semester.*
- 6. *Student needs less than a full course load to finish the degree program and will graduate in the current term.*

COUNSELOR, CCC

Advisor signature Title

Printed name Email Date

For Office Use Only:
 SEVIS ID: _____ SEVIS input date: _____ DSO initials: _____ Date: _____