Reduced Course Load Request (RCL)

All international students are required to enroll in a full course of study each semester of their program. Exceptions to this requirement must be approved by the student’s Academic Advisor and an International Student Services advisor BEFORE you drop your course. Please schedule an appointment at ISS once you have completed your form. You may schedule an appointment by calling 651-641-8883 or by email: iss@csp.edu

A full course of study at Concordia is defined as:
Undergraduate students = 12 credits  Graduate = 6 credits  SACM sponsored students = 9

Section A. Completed by the student
First Name ____________________________  Last Name ____________________________
L# ____________________________  Academic Level (circle) undergraduate graduate
Major/Degree Title: ____________________________  Term requesting RCL:  fall term spring term
Current number of credits you are enrolled in: _______

I understand that I must receive permission for reduced course load and that if granted, the authorization is valid only for the semester listed above.

Signature: ____________________________  Date: ____________________________

Section B. Completed by the Academic Advisor
Immigration regulations permit less than full-time enrollment only for the situations listed below. If you have questions, please contact the ISS office.

Please indicate the reason for the reduced course load from the following categories below.

☐ Student is having difficulty with English language or reading requirement*
☐ Student is unfamiliar with American teaching methods*
☐ Student has been placed in the improper course level*

*For academic reasons listed above, limited to once per degree level during first year of study

☐ Student requires less than a full course load to finish degree program this term
☐ Student has completed required coursework and is engaged in thesis/dissertation research only.

* The following exceptions listed above will be allowed based on student’s circumstances
☐ Student has an approved medical reason for a reduced course load.

*Limited to 12 months per degree level. A written statement from a licensed physician or psychologist is required for documentation.

__________________________________  ______________  ___________________

By signing below, I verify that I am aware of the situation listed above, have discussed educational implications with the student, and recommend a reduced course load for the term indicated above.

Name_____________________________ Department ___________________________________
Signature_________________________ Phone __________________ Date ____________________

Part C: Approval of International Student Services Advisor

Signature*____________________________ Date __________________