

**Reduced Course Load Request Form**

**Personal Information**

Last Name:		First Name:	
ID #:		Phone Number:	
Email Address:			
Number of LBCC credits after dropping:	Expected graduation term:	Term for RCL:	

**Reason for Reduced Course Load Request** (*Check one of the following.*)

<b>Academic Reasons</b>	<b>Final Quarter</b>	<b>Medical Reasons</b>
<input type="checkbox"/> Initial difficulties with the English language <input type="checkbox"/> Initial difficulties with reading requirements <input type="checkbox"/> Unfamiliarity with American teaching methods <input type="checkbox"/> Improper course level placement	<input type="checkbox"/> I am completing my program of study this term and will be graduating with a degree or certificate. I have provided an education plan from my academic advisor confirming that this is my final quarter.	<input type="checkbox"/> Medical Reasons. I have provided a medical letter.

**Student's Statement (Required)**

Please write a brief statement to explain why you are to drop below the full course load.

---



---

I request for the International Programs office to update my SEVIS record to reflect authorized part-time study for the reason indicated above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>ADVISOR NOTES</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<i>Banner</i> <input type="checkbox"/> Notes	<i>SEVIS</i>	<i>Dropped classes</i>	<i>Petition for refund</i>	<i>Google Sheet</i>
----------------------	--	---	--------------	------------------------	----------------------------	---------------------