



## 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.)*

Academic Reasons	Final Quarter	Medical Reasons
<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"/> My major is: <input type="checkbox"/> AS _____ <input type="checkbox"/> AAOT _____ <input type="checkbox"/> AAS _____	<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.

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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>
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