



INITIAL SEMESTER REQUEST FOR REDUCED COURSE LOAD

UG Advisor/GR Coordinator Confirmation Form

Part 1: To be completed by Student

I, _____, with BU ID _____, request to have reduced course load (RCL) for the _____ (semester year). I am requesting RCL for the following reason (choose one):

- Initial difficulty with the English language
Unfamiliarity with American teaching methods
Initial difficulty with reading requirements
Improper course level placement

Include a brief and specific statement that explains the reason you are requesting a RCL (must fit in box below):

Part 2: To be completed by UG Advisor/GR Coordinator

F-1 students are required to maintain a full course of study throughout their degree program (12 credit hours undergraduate or 9 credit hours graduate). Initial semester requests for reduced course load need to be handled on a case-by-case basis and should not be given freely to every new student.

I have spoken with the student above and understand they wish to drop below full-time status and apply for reduced course load. The student will be enrolled in _____ credit hours for the requested semester above.

- Based on the statement above, I agree that the student would qualify for RCL for the reason listed
Based on the conversation with the student, I believe the reason, as listed above, would be more applicable:

Advisor Name: _____ Email: _____

UG Academic Advisor or GR Coordinator Signature: _____ Date: _____

Please return the completed form to the student for submission to OISSS. Note that OISSS will determine final approval.