

REDUCED COUSE LOAD (RCL) GUIDELINES

1. F-1 students are required to be enrolled full-time as applicable to their education level during the Fall and Spring semesters. **Summer enrollment is only required if it is the student's last semester.**
2. F-1 students seeking to reduce their full-time course load **must obtain prior approval** from their DSO.
3. F-1 students that drop below full-time **without prior approval** from a DSO are considered **out of status**.
4. **One exception per academic level** can be approved (**Exception: Medical condition or concurrent/transient enrollment**).
5. Additional Medical RCL Requests **must** be submitted each semester the student plans to be enrolled less than full time for a medical reason; **updated** supporting medical documentation will be required (**no exceptions/waivers**).
6. F-1 students requesting the RCL **must** meet all requirements and submit documentation needed for their exception.

RCL REQUESTS APPROVAL CRITERIA (Students must meet criteria for approval):

Academic Difficulties (May be granted for First/Initial Term and once per education level only):

- **Undergraduates** must remain enrolled in a minimum of **six** credit hours
- **Graduates** in a minimum of **4.5** credit hours.

Students utilizing Academic Difficulty reason may be approved for the following exceptions:

- Improper course level placement (**may be considered beyond the first semester for extenuating circumstances only**)
- Initial difficulty with reading requirements
- Initial difficulty with the English language
- Unfamiliarity with American (U.S.) teaching methods

Medical Condition: May be approved for serious medical conditions that restrict the student's ability to attend classes and pursue a full-time course of study.

- Students must submit signed formal documentation on letterhead from a licensed medical doctor (M.D.), doctor of osteopathy (D.O), or licensed clinical psychologist, stating the illness/medical condition and recommendation for a reduced course load. **Documentation must be submitted each semester for additional medical RCL requests.**
- Medical RCL requests **may not exceed** the maximum aggregate time of 12 months per academic level.
- Students may be granted a Medical RCL for no course load via the recommendation of a **medical professional only**.

Completion of Course of Study (Granted for students completing their final term of the program only):

Students in their last semester at Florida Poly must be meeting requirements for program completion and filed their intent to graduate with the Registrar's Office. (**Graduates enrolled in thesis/dissertation must enroll in at least one credit hour.**)

Concurrent Enrollment (Transient Student): Students may request to meet the full-time enrollment by simultaneously registering at Florida Poly and another institution. A **Transient Study Request** must be submitted to the Registrar's Office.

- Students must be registered at Florida Poly for **at least half the required credit hours**.
- Student must submit completed RCL Request with verification of Registrar approval of their Florida Shines Transient or Out-of-State Transient request and a copy of proof of registration at Transient School.
- Upon completion of Transient study student is required to submit an **official transcript** of completed course(s) and grade(s).

NOTE: Students may not drop/withdraw from Transient courses without a DSO's prior approval.

F-1 students must complete this form to be considered for one of the approved RCL reasons. Approval is on a **semester-by-semester basis**; the request must be submitted **prior to dropping or withdrawing** from a full course load. Submission of this request **does not** indicate approval; students will be contacted by a DSO (Designated School Official) regarding the final decision. Required signatures and supporting documentation must be submitted

GRADUATE STUDENTS: University policies require graduates to meet standard full-time enrollment criteria to be eligible for a graduate fellowship or assistantship (e.g., GA). RCL approval **does not change this requirement**; graduates not receiving a qualifying award **will be responsible** for tuition and fees at the non-Florida resident rate.

SECTION 1: STUDENT INFORMATION

Student ID: _____ SEVIS ID#: _____ FL Poly Email: _____

Last Name: _____ First Name: _____ Phone#: _____

Program Level (check one): Undergraduate Graduate Major: _____

SECTION 2: STUDENT CERTIFICATION

By signing this request, I certify that I understand the RCL Request guidelines. I confirm that applying for the RCL does not automatically grant me permission to enroll in less than a full course of study and that I must receive final approval from my DSO before dropping below full-time status.

Student Signature: _____ Date: _____

SECTION 3: REASON FOR RCL REQUEST:

Academic Reasons (Section 4 must be completed)

- Improper Course Level Placement (**must be supported by Adviser or Department Chair**)
- Initial Difficulty with Reading Requirements (**must be supported by Adviser or Department Chair**)
- Initial Difficulty with the English Language (**must be supported by Adviser or Department Chair**)
- Complete Course of Study in Current Term (**Must be final semester and supported by Adviser or Department Chair**)
- Unfamiliarity with American Teaching Methods (**must be supported by Adviser or Department Chair**)
- Concurrent Enrollment (Transient Study) at another institution (**complete information below and [Transient Study Form](#)**)

Transient School Name: _____ Total Credit Hours Enrolled: _____

Total Credit Hours Enrolled at Florida Poly: _____ RCL Requested Term/Year: _____

Medical Reason (Section 4 not required)

- Illness or Medical Reason (**medical documentation required – see criteria on the first page of this form**)

SECTION 4: ACADEMIC RECOMMENDATION (This section is not required for RCL medical reasons)

(**Undergraduates – Success/Faculty Advisor | Graduates – Faculty Advisor, Department Chair or VP of Academic Affairs**)

*By signing this request, I confirm I have discussed the specified circumstances and reviewed the academic reason regarding this request with the student. I recommend the student's exception from the full course of study and have provided a brief explanation below for the selected academic reason (immigration regulations **requires** a reason for recordkeeping compliance):*

Printed Name: _____ Department/Title: _____

Signature: _____ Date: _____