UNIVERSITY REGISTRAR
FLORIDA POLYTECHNIC UNIVERSITY

F-1 Reduced Course Load (RCL) Request Guidelines

REDUCED COURSE LOAD (RCL) GUIDELINES

1. F-1 students are required to be enrolled full-time during the Fall and Spring semesters.
    a. ****Summer enrollment is only required if it is the student's last semester, or it is required for their program.***
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** are considered **out of status**.
4. An RCL can be approved **once per education level (Exception: Medical condition or concurrent/transient enrollment).**
    a. Medical RCL Requests must be **submitted each semester** the student plans to be enrolled less than full time, and **updated** medical documentation is required **(no exceptions/waivers).**

RCL Criteria (Students must meet the criteria for the reason they select):

Academic Difficulties Approved Reasons (May be granted for First/Initial Term only – per education level):

- 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

Academic Difficulty Enrollment Criteria:

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

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), a psychiatrist, or licensed clinical psychologist, stating the illness/medical condition, and recommendation for a reduced course load; a medical RCL for no course load can be granted per **doctor recommendation only**.
    a. **Documentation must be submitted each semester for additional medical RCL requests**.
- Medical RCLs **may not exceed** the maximum aggregate time of 12 months per education level.

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

Students in their last semester that meet the requirements for program completion, may be approved for a RCL if they require less than full-time status to complete their program. **(Graduates 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**.
- An approved Transient Request by the Registrar and proof of registration at the Transient School is required.
- An **official transcript** of completed transient study with course(s)/grades(s) be submitted to Florida Poly's Registrar.
- You may not drop/withdraw from transient classes or school, or Florida Poly without DSO approval.

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

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: VERIFY REASON FOR RCL REQUEST (Check applicable reason):

Academic Reasons (Academic Recommendation Required – except for Concurrent Enrollment)

☐ Improper Course Level Placement **(must be supported by Academic/Faculty Adviser or Department Chair "DC")**

☐ Initial Difficulty with Reading Requirements **(must be supported by Academic/Faculty Adviser or DC)**

☐ Initial Difficulty with the English Language **(must be supported by Academic/Faculty Adviser or DC)**

☐ Complete Course of Study in Current Term **(must be final semester and supported by Academic/Faculty Adviser, or DC)**

☐ Unfamiliarity with American Teaching Methods **(must be supported by Academic/Faculty Adviser or DC)**

☐ 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: _____

Academic Recommendation

Undergraduates – Academic/Faculty Adviser Recommendation

Graduates – Faculty Adviser or Department Chair Recommendation

*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: _____

Medical Reason (Medical document required – see medical document criteria on page 1)

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