



This form is to be used by students to request approval for Reduced Course Load (RCL) enrollment from the U-M International Center. If this is a "Final Term" RCL, you may drop your request at the IC front desk. To submit academic or medical RCL requests, call 734.647.0658 to arrange a meeting with an advisor.

LAST NAME	FIRST NAME	MIDDLE NAME	UNIQUENAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER OF F-2 DEPENDENTS	TELEPHONE	SEVIS ID # N
DELIVERY METHOD <input type="checkbox"/> PICK-UP (If someone else will pick up for you, his/her name is: _____) <input type="checkbox"/> SHIP (See " SHIPPING OPTIONS "): <input type="radio"/> eShip Global <input type="radio"/> U.S. Mail				

Important notes. Please read.

- Read the [Reduced Course Load](#) information on the IC website before completing this request form.
- Full time is 12 credits for undergraduate students, 8 credits for graduate students or 6 credits for graduate students with GSI/GSRA/GSSA 50% appointment.
- You must either be full-time enrolled or approved for RCL by the Drop/Add deadline set by the University Registrar each term.
- If you want to withdraw from a course which will cause you to be less than full time after the Drop/Add deadline, you must be approved for RCL before dropping the course.
- Failure to gain RCL approval will cause loss of F-1 status and termination of your SEVIS record.

Checklist of required documents.

- A letter written by a licensed medical or osteopathic doctor or licensed clinical psychologist (for medical reasons) or by an academic advisor (for academic reasons) following the instructions on the [IC website](#).
- Print-out of electronic Most Recent [I-94](#) or copy of paper I-94
- Copy of current I-20 (not including instruction page)
- Unofficial transcript printed from [Wolverine Access](#) (not official transcript)

Read the statement below, sign and date.

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I must have U-M approved health insurance for the duration of my F-1 status and that if I have any dependents, they too must have health insurance. I also understand that I must report address changes through Wolverine Access within 10 days of any change in current (U.S.) or permanent (out-of-U.S.) address.

Signature _____ Date _____

To be completed only by ISSA

- Academic term _____ Number of credits enrolled _____
- Check one reason for RCL and specify.
 - RCL for Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)] (Must be enrolled at least ½ time). (Specify.)
 - Initial difficulties with English language
 - Unfamiliarity with American teaching methods
 - Initial difficulties with reading requirements
 - Improper course placement
 - Medical Reasons [8 CFR 214.2(f)(6)(iii)(C)]
 - Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)]
- Shorten Yes _____ mm/dd/yyyy No

Program Completion Date: _____

ISSA initials: _____

Date: _____