



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	UNIQNAME	UMID #
DATE OF BIRTH (mm-dd-yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NUMBER of J-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 J-1 status and termination of your SEVIS record.
- Once this request is approved, we will issue you a "Reduced Course Load" letter which you should keep with your immigration records.

Checklist of required documents.

- Copy of paper or print-out of electronic Most Recent [I-94](#)
- Copies of your previous and current DS-2019
- An unofficial transcript downloaded from <http://wolverineaccess.umich.edu/>
- 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](#).

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 J-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.

<input type="checkbox"/> RCL for Academic Difficulties <input type="checkbox"/> Initial difficulties with English language <input type="checkbox"/> Unfamiliarity with American teaching methods <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Completion of course of study	(Must be enrolled at least ½ time). (Specify.) <input type="checkbox"/> Initial difficulties with reading requirements <input type="checkbox"/> Improper course placement Completion Date: _____
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ISSA initials: _____ Date: _____