

STUDENT AFFAIRS & ENROLLMENT MANAGEMENT

DIVISION OF INTERNATIONAL EDUCATION
OFFICE OF INTERNATIONAL PROGRAMS

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Reduced Course Load (RCL) Due to Academic Difficulty Form

Per Code of Federal Regulations 62.23(e)(3), a student wishing to drop below full-time enrollment due to a legitimate academic reason must provide a written statement explaining the nature of the academic difficulty and how a reduced course load will benefit the student's academic success. Students wishing to receive RCL Due to Academic Difficulty should complete the Student Information section of the below form and bring it to exchange advisors' drop-in hours to further discuss the request. If approved, an exchange advisor will complete the Academic Information section and approved the request.

Student Informati	on						
Last Name:				First Name:			
SF State Student ID:				SEVIS ID:	Noo		
Phone:				SF State Email:	@mail.sfsu .edu		
Field of study on DS-20	19:						
Degree level:	□ Ва	Bachelor's Master's DS-2019 Program E					
In the past, have you received RCL due to Academic Difficulty at a Bachelor's/Master's level? Yes No							
Semester of Requested RCL due to Academic Difficulty: Fall Spring Year:							
By signing this form, I confirm that I have read the RCL Due to Academic Difficult information on https://oip.sfsu.edu/maintaining-status. I understand that I must register for no fewer than the number of units indicated below if my RCL is approved.							
Student Signature:					Date:		
Academic Information							
The student named qualifies for a reduced course load due to (please check one only)							
Initial Difficulty with English Language or Reading Requirements (first semester students only)							
Unfamiliarity with U.S. Teaching Methods (first semester students only)							
Improper Course Placement. Course Title and Number:							
I support the student's request to take a reduced course load is due to one of the three reasons listed above.							
The student will only be enrolled in units for the above indicated semester.							
Additional Comments:							
Exchange Advisor's Na	me:						
Exchange Advisor's Signature:							
Email:					Date:		
OIP Office Use Only							
Date received:		Processed Date:		Processed By:		Scanned By:	