



Reduced Course Load (RCL)

F-1 and J-1 students

Revised: 11/24/2017

PART I: Student Information (To be completed by the student.)

Family/Surname: _____ Given: _____ WiscID: 90 _____

Date of Birth: ____/____/____ Expected Date of Completion*: ____/____/____ Passport Expiration: ____/____/____
M M / D D / Y Y M M / D D / Y Y M M / D D / Y Y

Student Visa Type: ☐ F ☐ J WiscMail: _____@wisc.edu Major(s): _____

Student Classification: ☐ Undergrad¹ ☐ Masters (Coursework Only)¹ ☐ Masters (Thesis/Comp. Exam Required)² ☐ Ph.D.²
☐ Professional¹ ☐ VISP (Undergraduate)¹ ☐ VISP (Graduate)¹ ☐ ESL¹ ☐ Exchange (Undergrad)¹ ☐ Exchange (Graduate)¹

*Date of completion: ¹date of last exam/paper/project through the end of final exams week / ² date of deposit of thesis/dissertation

PART II: RCL Request Verification (To be completed by the student.)

F-1 and J-1 international students are required to maintain full-time enrollment each fall and spring semester, as defined below. Summer enrollment is generally not required, unless it is your initial semester as indicated on your I-20/DS-2019. Complete information regarding full-time enrollment requirements, including summer enrollment, is available at iss.wisc.edu.

Student classification minimum enrollment requirements:

Undergraduate student:	12 credit hours
Graduate student:	8 credit hours
Graduate student w/ RA:	8 credit hours
Graduate student w/ TA or PA:	Verify w/ employing department
Dissertator:	3 credit hours
ESL student:	6 credit hours

There are valid academic and medical reasons for reducing your minimum enrollment requirement, as defined in Part III: Academic Verification and Part IV: Medical Verification on page two. Read all information on page two carefully before meeting with your academic advisor or medical professional.

You must complete the RCL form for each semester during which you intend to reduce your course load.

Make note of add/drop deadlines and tuition refund dates published at registrar.wisc.edu each semester. It is your responsibility to submit the completed and signed RCL form to ISS in advance of any deadlines to allow time to process your request.

Please note that it typically takes ISS ten business days to process requests.

Semester for which a reduced course load is requested (semester/year): _____/_____

I understand that I must receive permission from ISS to enroll in less than a full-time course of study. I certify that I have and will continue to make normal progress towards completing my degree program. I understand that it is ultimately my responsibility as an F-1/J-1 visa holder to maintain lawful status, including the maintenance of health insurance for myself and any dependents.

Student Signature: _____

Date: ____/____/____

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Official ISS Use Only:

☐ Approved & Logged ☐ Denied & Emailed: Date ____/____/____ ; Reason: _____



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International Student Services must verify the following information in order to assess the student's necessity for a reduced course load for the term indicated in Part II. Please complete either Part III or Part IV below as it relates to the student's request and your position and sign Part V. Thank you in advance for your assistance.

PART III: Academic Request Verification (To be completed by the academic, graduate, or faculty advisor.)

Please indicate one of the three following reasons:

☐ **Academic Difficulties (choose one reason only)**

Student must remain enrolled for at least half of the required full-time course load required, as explained on page one. An RCL for academic difficulties may be used only once during the current degree level, as it is indicated on the I-20/DS-2019.

- | | |
|--|--|
| <input type="checkbox"/> Initial difficulty with the English language* | <input type="checkbox"/> Unfamiliarity with U.S. teaching methods* |
| <input type="checkbox"/> Initial difficulty with reading requirements* | <input type="checkbox"/> Improper course level placement† |

Please indicate intended course(s) to drop: Course #: _____ **Credit hours:** _____

Explanation: _____

**Acceptable only within first year on campus or after an extended leave of absence.*

†Should be used if student does not have proper prerequisite for course(s) or can otherwise justify the improper course placement.

☐ **Final Semester of Study**

*Student must enroll for at least the number of credit hours needed to complete the degree program. Student must be enrolled for a UW-Madison course offered **on campus** in the final term of study. The end date on the I-20/DS-2019 will be changed to reflect the end date of the current term, if it does not already.*

Number of credit hours remaining to complete degree program: _____

☐ **Completed Course Work (Master's with thesis and Ph.D. students only)**

Student has completed all required course work for degree program and only has remaining thesis/comprehensive examination (Master's) or preliminary examination (Ph.D.). Student must remain enrolled for a minimum of two graduate level (300+) credits.

PART IV: Medical Request Verification (To be completed by licensed U.S. medical doctor, doctor of osteopathy, or licensed clinical psychologist.)

☐ **Medical Condition (Must attach letter from medical professional)**

- RCL for a temporary medical condition may be used for a maximum of three semesters at the current degree level.
- The student may enroll for any number of credits.
 - If recommended to enroll in zero credit hours, student must complete the [Registrar's Office](#) Withdrawal Form.
- A letter, on letterhead, must be written to substantiate the illness or medical condition and recommendation to reduce the course load. The letter must be signed by a licensed U.S. medical doctor, doctor of osteopathy, or licensed clinical psychologist.

☐ I recommend the student reduce their course load OR ☐ I recommend the student enroll in zero credit hours

PART V: Academic or Medical Verification Signature (To be completed by individual in Part III or Part IV.)

I certify that the information indicated above is correct. I hereby recommend the above-mentioned student be granted permission to reduce their full-time enrollment.

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: / /