



International Student Center

REDUCED COURSE LOAD (RCL) REQUEST ACADEMIC REASON

FOR STUDENT TO COMPLETE. Please type or print clearly	
Last Name:	First Name:
PCC ID#:	Date of Birth: (month/day/year)
Cell Phone #:	City of Birth:
PCC Email Address:	@go.pasadena.edu
Which semester/term? <input type="radio"/> Spring <input type="radio"/> Summer <input type="radio"/> Fall YEAR _____	

- Immigration regulations require international students in F-1 status to register for, and complete, a full course load (12 units) in both the fall and spring semesters and 8 units during summer unless approved for reduced course load.
- **An F-1 student who is below 12 or below 8 units without approval from ISC will lose lawful F-1 status**
- **Student MUST maintain and complete at least 6 units (fall and spring) and 4 units (summer) for the rest of the semester/session in order to be eligible for an Academic RCL**
- Failure to comply and complete the above requirements will result in the termination of my F-1 status. My signature below signifies agreement of these terms and conditions

Student's Signature:	Date (month/day/year):
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FOR ACADEMIC COUNSELOR TO COMPLETE. Please select EITHER Academic Difficulty or Final Semester

- ACADEMIC DIFFICULTY** – Select only one reason from below:
- Initial difficulties with the English language (First college academic year in the U.S.)
 - Initial difficulties with reading requirements (First college academic year in the U.S.)
 - Unfamiliarity with American teaching methods (First college academic year in the U.S.)
 - Improper course level placement

As the counselor, I recommend this student to carry _____ **units** for the current semester.

- Student **MUST** maintain and complete at least **6** units (fall and spring) for the rest of the semester in order to be eligible for an Academic RCL.
- Student **MUST** maintain and complete at least **4** units (summer) for the rest of the session in order to be eligible for an Academic RCL.

Please provide a detailed explanation for the drop below full-time status.

- FINAL SEMESTER** – This option only applies to students who are completing/have petitioned for an Associate's Degree. As the counselor, I verify the student needs only _____ **units** in order to graduate/complete the Associate's Degree. The student has filed for graduation on _____ (month/day/year).

Academic Counselor's Name:	Academic Counselor's Signature:	Date (month/day/year):
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