



International Student Center

REDUCED COURSE LOAD (RCL) REQUEST ACADEMIC REASON

FOR STUDENT TO COMPLETE	
Last Name:	First Name:
PCC ID#:	Date of Birth (month/day/year):
Cell Phone #:	City of Birth:
PCC Email Address: <div style="text-align: right; margin-right: 50px;">@go.pasadena.edu</div>	Semester Requested:

- 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 unless approved for reduced course load. **An F-1 student who is below 12 units without approval from ISC will lose lawful F-1 status**
- **Student MUST maintain and complete at least 6 units for the rest of the semester 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 for the rest of the semester 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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For Office use only:
Initials: _____ Date: _____ Units: _____ SEVIS: _____ BANNER: _____ Request Log: _____ SARS: _____ Email: _____