



The University of Illinois at Springfield  
Office of International Student Services

F-1 International Student  
Request for DSO Authorization for Reduced Course Load

Print this form. Complete Section A, have your department complete Section B and return the form to the Office of International Student Services.

**A. To be completed by the student**

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_  
UIN number: \_\_\_\_\_ SEVIS number: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_  
Credits completed to date: \_\_\_\_\_ Credits remaining for completion of current program: \_\_\_\_\_  
Anticipated completion date: \_\_\_\_\_ Completion date on current I-20: \_\_\_\_\_

**B. To be completed by the academic department**

Permission to register for a Reduced Course Load should occur rarely if ever in a student's career. US immigration regulations require international students to carry a full-time course load during each regular (fall and spring) semester. If any of the reasons given below are applicable to this student, please indicate which and return the form to the Office of International Student Services.

Semester RCL is requested: \_\_\_\_\_ Number of credits for which the student wishes to register: \_\_\_\_\_

- The student is having difficulty with the English language or reading requirements\*
- The student is unfamiliar with U. S. teaching methods\*
- The student has been placed in an improper course level\*
- The student needs less than a full course load to finish the program this semester
- The student has a medical reason for needing to be registered less than full time (attach medical excuse)

Approved: Director of Health Services: \_\_\_\_\_

\*The first three are applicable only to the first semester of undergraduate or graduate studies.

I endorse and recommend a Reduced Course Load for this student during the semester requested.

For the academic department: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Office: \_\_\_\_\_ Mail Drop: \_\_\_\_\_ E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**C. To be completed by a Designated School Official**

Approved by DSO: \_\_\_\_\_ Date: \_\_\_\_\_