

F-1 OR J-1 REDUCED COURSELOAD CERTIFICATION (RCL)

Student Name: _____ UID #: _____
(please print)

The student identified above is certified in lawful nonimmigrant status in the _____ (Quarter) 200__ for the regulatory (or other) reason cited below for a reduced course-load.

_____ The student is enrolled in his/her final term and enrolled for the _____ credit hours required this quarter to complete the program of study or to be considered a full-time student this quarter [8CFR214.2(f)(6)(i)(A or B)]. **Have Academic Advisor certify this below.**

_____ Graduate Student finished with all required coursework: except thesis, dissertation, or UCIE Continued Registration (circle one) and required to register for _____ credit hours each quarter until the thesis defense date which is anticipated ____/____ (month/year) [8CFR214.2(f)(6)(i)(A)]. **Have Academic (or faculty thesis) Adviser certify this below.**

{UCIE Continued Registration [ITL 789] is 0 credit hours and only used when not required to register for departmental thesis/dissertations hours. If using to complete an INCOMPLETE course the form must be accompanied by an INCOMPLETE Class Agreement from the faculty advisor. Insurance and int'l student fees will be assessed. For questions on ITL 789, please contact Kim Brumbaugh in the UCIE. If using ITL 789, are you using it to complete thesis/dissertation or to complete an INCOMPLETE Class (circle one). Must be accompanied by a Registration slip for ITL 789 and an updated Program of Study.}

_____ Initial English language difficulties or difficulty with reading requirements [8CFR214.2(f)(6)(iii)]. **Have Instructor or Academic Adviser certify this below.**

_____ Improper course level placement [8CFR214.2(f)(6)(iii)]. **Have Instructor or Advisor certify this below.**

_____ Unfamiliarity with U.S. teaching methods [8CFR214.2(f)(6)(iii)]. **Have Instructor or Advisor certify this below.**

_____ Has attended class, completed assignments and taken exams but has been advised to drop a course to avoid imminent failure [Mashi v INS (585 F2nd 1309 5th Cir. 1978)]. **Have Instructor certify this below.** – if this drop results in less than full time enrollment, you will be *out of status* and must seek **reinstatement**.

_____ Concurrently enrolled at WSU and another INS-approved school for a total academic load equaling full-time study [OI214.2(f)(14)]. **Student must attach proof of enrollment at other school and after academic session is finished, supply UCIE with a copy of other school's completion grade report.**

_____ Illness [8CFR214.2(f)(5)(iv)]. **Have medical professional describe illness and amount of time needed for recovery before student can resume full-time attendance/enrollment. ** To prevent a lapse in insurance coverage, I agree that I will be billed and pay for insurance during my authorized illness period.**

_____ **Authorized vacation period** (for other than summer quarter) [8CFR214.2(f)(5)(iii)]. **Student must attach documentation of full-time enrollment for 3 previous quarters and must intend to enroll full-time for the next academic quarter following the vacation period. ** To prevent a lapse in insurance coverage, I agree that I will be billed and pay for insurance during my authorized vacation period.**

_____ **Authorized "leave of absence" outside of the United States;** graduate students must attach documentation from academic department that the absence is sanctioned by the department and what (if any) benefits currently received (assistantships, student employment, etc., will be continued when they return for studies); student must specify departure and return dates in the box below and attach documentary evidence, also specify reason for absence and provide an off campus email address usable during their stay abroad. ****Students must leave by the last day of open registration for the quarter they are on a leave of absence and must return no earlier than 30 days before the next Fall, Winter, or Spring Quarter. Upon return the student must show proof with passport entry stamp of the absence. To prevent a lapse in insurance coverage, my signature below indicates my agreement to pay for WSU health insurance during my authorized leave of absence period.**

_____ **Authorized Early Withdrawal** - By signing this form I acknowledge that I am responsible for any university fees already assessed and bills not paid as well as dropping any current classes. I understand that I must leave the United States and that my student visa status and SEVIS record will be terminated for "Authorized Early Withdrawal" **

*** Students may not sign below except for one of the six reasons mentioned immediately above.*

Comments by Instructor/Advisor/Medical Professional/or student whose signature appears below:

Name & Title (please print – use dept. stamp if possible)

Signature & Date

For UCIE International Student Services Office Use Only

Reduced Courseload: ___ Approved ___ Denied _____