



# Office for International Students and Scholars

## APPLICATION FOR A REDUCED COURSE LOAD AUTHORIZATION

For office use only

- SIS checked
- Intent to graduate checked

Please submit this application during the semester in which you wish to enroll or drop below full-time enrollment.

You should have your Academic Advisor, Dean or Department Chair complete the appropriate section below. They must choose the corresponding reason and include an explanation if indicated. Incomplete applications will not be considered.

This is only an application for permission to enroll less than full-time. The final authorization comes in the form of a new I-20 with the authorization to drop listed on Page 2.

**DO NOT SUBMIT THIS FORM PRIOR TO START OF THE SEMESTER IN WHICH YOU WISH TO ENROLL OR DROP BELOW FULL-TIME ENROLLMENT.**

### TO BE COMPLETED BY THE STUDENT

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Family name First name (Given Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Level:  Undergraduate Student  Graduate or Professional Student

Semester in which you intend to enroll less than full-time:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

If you are an undergraduate and are planning to withdraw from a course after the add/drop deadline, please list the course(s) you wish to withdraw from: \_\_\_\_\_

### TO BE COMPLETED BY THE ACADEMIC ADVISOR OR DEAN

Reason why student wishes to drop below full-time enrollment status this semester: (Please select only one)

Academic difficulties with the English language and/or reading requirements (this option is only available during the first two semesters at WUSTL)

Please explain: \_\_\_\_\_

Academic difficulties due to an unfamiliarity with American teaching methods (this option is only available during the first two semesters at WUSTL)

Please explain: \_\_\_\_\_

Improper course level placement

Please explain: \_\_\_\_\_

Expect to complete remaining coursework for degree completion this semester

Student only needs to take \_\_\_\_\_ credits to complete degree in the semester listed above and has filed an Intent to Graduate

PLEASE NOTE: students who apply for an RCL for this reason will not be eligible for an extension of the I-20.

Advisor Name \_\_\_\_\_ Phone or E-Mail \_\_\_\_\_  
First name Last name

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_