



Reduced Course Load (RCL) Form Undergraduate Final Semester

Immigration regulations require a nonimmigrant student in F-1 status to **enroll in and complete** a full course of study each fall and spring semester (12 credit hours for undergraduate students). With approval from a Designated School Official (DSO), an undergraduate student may be authorized for a reduced course load in the semester in which all degree requirements are expected to be completed. **To request authorization for a final semester reduced course load (RCL):**

1. Complete and sign Section A.
2. Take this form to your academic or faculty adviser and request he or she complete and sign Section B.
3. Submit the form to International Education. Incomplete forms will not be accepted.

SECTION A:

Student _____
Family/Last Name First Name

WSU ID# _____ Phone: _____

The program end date on your I-20 will be shortened (if necessary) to reflect the final semester indicated below. If you do not complete your program of study by the expected date, you will need to request an I-20 extension before your program end date has passed to avoid a status violation. This form should be submitted before classes begin for the semester in which all degree requirements are expected to be completed. It is a status violation to drop below the number of credit hours indicated below without prior approval. **During their final semester, an F-1 student may not enroll ONLY in online coursework .**

Student's Signature _____ Date _____
(Signature valid only if hand-written or applied digitally with a time/date stamp.)

SECTION B: *This section to be completed only by the academic or faculty adviser*

Semester of expected completion of all degree requirements: _____
Semester/Year

Number of credit hours remaining for degree completion: _____
Number of credit hours

Please note: an F-1 student may not enroll only in online coursework in his or her final semester.

Academic/Faculty Adviser's Signature _____ Date _____
(Signature valid only if hand-written or applied digitally with a time/date stamp.)

Academic/Faculty Adviser's Name _____

Title _____ Phone _____

DSO Signature _____		Date _____	
<input type="checkbox"/> SGASADD/GOASEVS	<input type="checkbox"/> SEVIS (PED/IRF2)	<input type="checkbox"/> RCL SPDSHT	<input type="checkbox"/> Second Final Semester