INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAI'I AT MĀNOA

2600 Campus Road, QLCSS 206, Honolulu, HI 96822 USA • Phone: (808) 956-8613 • Fax: (808) 956-5076 • Email: issmanoa@hawaii.edu Website: www.hawaii.edu/issmanoa

RCL Processing takes

3 business days

Request for Reduced Course Load (RCL)

International students are required to enroll **full-time** during **each fall and spring semester** with few exceptions. Reasons for allowing a reduced course load are: (1) academic factors, (2) comprehensive exam, (3) last semester, and (4) medical condition / illness.

Conditions:

Remarks:

- Limited to one semester each: academic factors, comprehensive exam.
- Academic factors only: student must retain at least half-time enrollment (6 credits undergraduate; 4 credits graduate).
- Medical condition / illness: maximum 12 months aggregate per academic program.
- Last semester: 2nd request requires meeting with ISS adviser.

Graduate Assistants: Please review Office of Graduate Education enrollment policies for graduate assistants.

Student Responsibility: Students who are sponsored, on exchange, on scholarship or on government study loan may have additional expectations or requirements. It is the student's responsibility to check with their sponsor, home university institution, scholarship or loan provider to identify if they have the minimum credit requirements to maintain their status in these programs. Students should also consider potential issues with reduced course load such as eligibility to work on campus, living at the dorm or receiving other benefits such as health insurance coverage. Please check with the appropriate offices.

RCL authorization should be granted by ISS in advance of reducing course load.

| Part A: To be completed by Student | |
|---|--|
| Student's Full Name (LAST, First): | UH ID # |
| Completion Date on I-20 / DS-2019: | Reduce Course Load in to Credits |
| Part B: To be completed by ISS Adviser, Cou | rse Instructor, or Academic Adviser |
| Select only one of the following reasons for reduce Academic Factors Initial difficulty with English language or reading Unfamiliarity with American teaching methods vor Placed in improper course level (REQUIRED: Co | g requirements within 1^{st} year of study at UHM. within 1^{st} year of study at UHM. |
| Comprehensive Exam (REQUIRED: Disserta ☐ Needs less than a full-time course load to take do | |
| Last Semester (REQUIRED: Academic Advise ☐ Needs less than a full-time course load to finish of | , |
| Medical Condition/Illness (REQUIRED: Lice Has documented medical condition/illness. | ensed physician / psychologist to complete the reverse page.) |
| Signature: | Date: |
| Print Name and Title: | Email: |
| For ISS OFFICE USE: ISS Receive Date: | Reviewed by: DSO: Completion Date: |

Updated: 5/31/2016

☐ Passport ☐ I-20 ☐ RCL Reason



Certification of Medical Reason for Reduced Course Load

| Part C: To be completed by Licensed Physician or Licensed Psychologist | | | | | |
|--|--------------|-------|---|--|--|
| I certify that the student, whose name on the reverse page, has a medical illness or condition that requires a reduction of his / her course load during the following time period*: | | | | | |
| Date (MM/DD/YYYY) Date (MM/DD/YYYY) | | | | | |
| ☐ SELECT THIS BOX IF STUDENT'S CONDITION REQUIRES WITHDRAWAL FROM ALL COURSES. | | | | | |
| Physician/Psychologist Name and Title: _ | | | | | |
| Signature: | Date: | Phone | y: | | |
| Office Address: | | | | | |
| *12 month maximum allowed per degree program | | | | | |
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| For ISS OFFICE USE: ISS Receive Date: Remarks: | Reviewed by: | | _ Completion Date: ort □ I-20 □ RCL Reason | | |

Updated: 5/31/2016