Student: Please complete this form and submit to the ISP front office. An appointment with an academic counselor is required. If requesting Medical RCL, an appointment with your DSO is required first.

Student Name: ________________________________________________________________

Student Phone #: ___________________________ ID#: __________________________________

Student Email: __________________________________________________________________

I am requesting authorization for Reduced Course Load for: (semester/year) ____________________________

Course of Study: (major/study objective) __________________________________________________________

**REASON FOR REQUESTING RCL:** (Check ONLY one)

☐ Academic

☐ Medical  Note: For consideration of Medical RCL the student must provide a letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, on official letterhead, substantiating the temporary illness or medical condition, or complete the Medical Substantiation form.

My signature below attests to the following: (student initials are required for each of the following)

_______ I understand that approval is for one semester only

_______ I understand that I must carry a full course of study until the RCL is approved by the DSO

_______ Approval is subject to review by the ISP office; it is not automatic

_______ I give ISP permission to contact my doctor for confirmation, follow-up, and treatment progress

_______ I understand that, with conditions, medical RCL cannot exceed an aggregate of 12 months

_______ I understand that, except for medical RCL, I can make this request only once each semester

Student Signature: ____________________________________________ Date: ________________
International Services and Programs

Request for Reduced Course Load

Academic Counselor’s Recommendation

This student is recommended for a reduced course load of a total of _________ units in the following courses:

______________________________ (____units)  ☐ On-ground/ hybrid  ☐ Online

______________________________ (____units)  ☐ On-ground/ hybrid  ☐ Online

______________________________ (____units)  ☐ On-ground/ hybrid  ☐ Online

______________________________ (____units)  ☐ On-ground/ hybrid  ☐ Online

For the following reason:
☐ Initial Difficulty with the English Language (first semester only)
☐ Initial Difficulty with Reading Requirements (first semester only)
☐ Unfamiliarity with American Teaching Methods (first semester only)
☐ Improper Course Level Placement
☐ Temporary Illness or Medical Condition (medical documentation attached)
☐ To complete Course of Study in this semester:

☐ AA/AS, Major & Code: ________________________________

☐ Certificate, Major & Code: ________________________________

☐ Transfer Requirements UC/CSU

☐ Transfer Other: ________________________________

COMMENTS: __________________________________________

________________________________________________________

Academic Counselor Signature: ____________________________ Date: _____________

☐ APPROVED  ☐ NOT APPROVED

DSO Print Name: __________________________________________

DSO Signature: __________________________________________ Date: _____________

DSO: Please distribute to student permanent file, academic counselor, and student

International Services and Programs ● 661-362-3580 ● isp@canyons.edu