Reduced Course Load Request

Family/Last Name	First Name	Middle Name	WCUID	
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address	
Telephone Number	Date of Birth	Bachelors	F-1	
		Master	J-1	
Local Address:				
U.S. Citizenship and Immigration scredits each semester in order to	· · · · · · · · · · · · · · · · · · ·	quire that international students ENROLL annigrant student status:	and COMPLETE the following number of	
Credits			Student Type:	
12			Undergraduate Graduate	
	9	Grad	duate	
THIS P	ORTION TO BE FILLED O	JT AND SIGNED BY YOUR ACADE	MIC ADVISOR	
Reasons for a Reduced Course Loa	ad (RCL):			
To complete course of stud	ly in current term (student's fir	nal semester)		
Unfamiliarity with America	n Teaching Methods (can be us	sed one semester only per degree level)		
Improper Course Level Plac	cement			
Illness or other medical cor	ndition (Student Health Center	or Medical Doctor (M.D.) documentation	required	
Semester Requesting for:	1	Number of Credits Student will Register fo	or:	
As the Academic Advisor fo indicated above.	r this student, I approve t	his student to carry less than the i	required number of credits as	
Academic Advisor Signature	e Acad	demic Advisor Name (please print)	Date	
GEO Office use: App	roved Denied Signa	ture of DSO	Date	