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Reduced Course Load (RCL) Form for Undergraduates

F-1 students are required to maintain full-time enrollment while studying in the U.S. Undergraduate and post-baccalaureate students are expected to complete a minimum of 12 hours of course work during the fall and spring semesters. Classes during the summer are optional unless it is the first semester at UH; then an F-1 student has to complete 6 hours (i.e. full-time for summer).). The following form must be completed before dropping below full-time hours after start of classes.

Note: Dropping below full course load may involve the loss of resident tuition based on a scholarship, grant, or on-campus employment.

Please complete the form below by selecting one of the options:

Name:

1.	ACADEMIC DIFFICULTY	(FIRST SEMESTER ONLY)

RCI for valid academic difficulties is allowed once and only in the first semester when starting a new degree program. A

	minimum of 6hrs will still have to completed. This option cannot be used or submitted prior to ORD.						
	Initial Adjustment Issues (IAI) I am having initial difficulties with the English language, reading requirements, or unfamiliarity with American teaching methods Please explain: Improper Course Level Placement (ICLP) I am having difficulty with my class(es) due to improper course level placement which may include not having the prerequisites or insufficient background to complete the course at this time. For example, an international student taking U.S. History for the first time (e.g. no previous exposure, insufficient background) or a philosophy course that is based on a worldview that clashes with the student's own culture.						
	I recommend that this su	ICLP CERTIFYING SIGNATURE BY PROFESSOR I recommend that this student be allowed to drop the following course(s) due to improper course level placement as defined above.					
	Class	Professor	Signature	Date			
	Class	Professor	Signature	Date			
2.	MEDICAL REASON	I					
	osteopathy. The letter credit hours of enroll and when they advise allowed to accumula	alid medical reason must be proven with a supporting letter from a licensed medical doctor, clinical psychologist, or doctor of steopathy. The letter has to contain the following information: written in English on a letterhead, signed in ink, the recommended redit hours of enrollment, when the below hours should begin and end (if known), details of when student first saw the doctor, and when they advised the student to withdraw from course(s). Medical excuses must be renewed each semester. You are only llowed to accumulate 12 months of reduced course load for medical reasons during any given degree level. Zero hours are llowed under this provision of the law only if it is clearly recommended by the licensed medical professional.					
	☐ Letter from a licens	sed medical doctor, doctor of oste	eopathy, a licensed psychologist/clinica	l psychologist is attached.			
3.	FINAL SEMESTER						
	This is my final semester and I only need hours of course work to complete my degree. I understand that if I am granted a reduced course load and fail to complete my degree as planned, I may be in violation of my legal status and will need to apply for reinstatement. (If you need only one course to finish your program of study, it cannot be taken through online/distance education).						
4.	CONCURRENTLY	ENROLLED					
	I am taking courses at another college/University and want to drop a course at UH. I will still have 12 hours of enrollment between both schools. After the drop, I will have hours at UH and hours at (school name). Attach proof of concurrent enrollment. Academic advisor signature is not required for this option, only ISSSO counselor.						
I an	n applying for a reduced	d course load for the fall seme	ster of 20 spring semester of	of 20			
I want to drop the following class(es):;(course number). After the drop, I will have							
a to	tal of hours (at Ul	H) for the: \Box Fall semester 20	□ Spring semester of 20				
day	of the semester. The appro		egistrar (located in the Welcome Center) if Advisor and ISSSO are required to drop a cone deadline.				
You	r Name:	Signature: _	PS ID:	Date:			
APPROVAL SIGNATURE FROM ACADEMIC ADVISOR							
Nan	me:	Signature	:	Date:			
			E FROM ISSSO (if course drop is requ				

Date: