BELCROFT UNIVERSITY
Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759
admissions@belcroftuniversity.com
+1 (813) 772-3772

Reduced Course Load (RCL) Request Form

International students in F-1 status are generally required to maintain full-time enrollment during each academic term. Students seeking authorization to enroll below the required full-time course load must obtain approval from the Designated School Official (DSO) before reducing their course registration. Failure to receive prior authorization may result in a violation of F-1 immigration regulations and could jeopardize the student's legal status in the United States.

Eligibility for Reduced Course Load Authorization

Medical Condition

An F-1 student seeking authorization for a Reduced Course Load (RCL) due to a medical condition must submit a completed request form along with supporting documentation from a licensed medical doctor (M.D.), doctor of osteopathic medicine (D.O.), or licensed clinical psychologist. The documentation must be provided on the healthcare professional's official letterhead and clearly explain the medical condition that prevents the student from maintaining a full course of study. The letter should also specify the academic term for which the RCL is requested and indicate whether the condition is temporary or ongoing. Students should understand that a long-term medical condition may impact their eligibility to maintain F-1 status, as federal regulations generally require full-time enrollment. To be considered for a medical condition RCL, the student must be actively enrolled in an academic program at the institution. Approval may be granted for a cumulative period of up to twelve (12) months at a particular degree level, in accordance with institutional policies and applicable U.S. immigration regulations.

Academic Difficulty

An F-1 student may request authorization for a Reduced Course Load (RCL) due to qualifying academic difficulties by submitting a completed Academic Difficulty RCL Request Form. Federal regulations permit this type of authorization only under specific circumstances, including initial challenges with the English language, difficulties meeting reading requirements, unfamiliarity with U.S. teaching methods, or improper course level placement. Students must submit their request before the final day of class registration for the applicable term and must maintain enrollment in at least 50% of the required course load. Approval for an academic difficulty RCL is generally limited to one occurrence per academic program level and is typically available only during the student's first academic year in the United States. However, requests based on improper course level placement are not restricted to the first year of study and may be considered when appropriate. All requests are subject to review and approval in accordance with institutional policies and applicable U.S. immigration regulations.

Final Term

An F-1 student who needs less than a full course load to complete all degree requirements during their final semester may request a final term Reduced Course Load (RCL) by submitting this form. Students approved for a final term RCL must remain enrolled in at least fifty percent (50%) of the required course load. If a student does not complete their program by the end of the approved final semester, they must immediately contact the Principal Designated School Official (PDSO) to discuss their enrollment and immigration status, as additional action may be required to maintain lawful F-1 status. A final term RCL is available only during a student's last academic semester before graduation.

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Student Information Reason for Requesting a Reduced Course Load (RCL)

Student Name (First - Middle - Last)	
Student ID Number	
Attendance Period	From To
Academic Program	☐ Doctorate ☐ Dental ☐ Master's
Program Name	
Current Address	
City	
State	
ZIP Code	
Email Address	
Phone Number	
Program Start Date	/ /
Expected Graduation Date	/ /
Term Requested(**write the year)**	☐ Fall _____ ☐ Spring_____ ☐ Summer _____

Please select the category that best describes your reason for requesting a Reduced Course Load. Only one option may be selected.

☐ Medical Reduced Course Load

A letter from a licensed medical doctor or authorized healthcare provider recommending a reduced course load must be submitted.

☐ Academic Difficulty Reduced Course Load (Available during the initial semester only)

Please select one of the following academic difficulty reasons:

- ☐ Difficulty with English language skills
- ☐ Difficulty meeting reading and comprehension requirements
- ☐ Adjustment to U.S. educational and classroom practices
- ☐ Enrollment in an inappropriate course level or placement

☐ Final Semester Reduced Course Load

I am in my final semester and require fewer than a full course load to complete my degree requirements.

Student Certification

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☐ I certify that the information provided on this form and in all supporting documentation is complete and accurate. I understand that approval is required before reducing my course load and that failure to maintain proper enrollment without authorization may affect my F-1 status.

Signature of the Student _____ **Date:** _____/____/_____

Medical Professional Certification(To Be Completed by a Licensed Healthcare Provider)

This section must be completed only when the student is requesting a reduced course load based on a medical condition. The information provided below will be maintained as part of the student's immigration compliance record and may be reviewed for federal regulatory purposes.

Recommendation

Based on my professional evaluation of the student, I recommend a reduced course load due to a medical condition.

☐ Yes ☐ No

Medical Statement

Please provide a brief explanation of the medical condition and indicate why a reduced academic schedule is recommended. Attach additional documentation on official professional letterhead if necessary.

_____

_____

Duration of Recommendation

From: _____ / _____ / _____ **To:** _____ / _____ / _____

Healthcare Provider Information

Provider Name	
Professional Title	
License Number	
Organization/Clinic	
Phone Number	

Signature of the Provider _____ **Date:** _____/____/_____

Acceptable Medical Professionals

- Licensed Medical Doctor (M.D.)
- Doctor of Osteopathic Medicine (D.O.)
- Licensed Clinical Psychologist