REDUCED COURSE LOAD (RCL) APPROVAL REQUEST

- 1. Complete and sign this form
- 2. Request signature from your department (if required)
- 3. Submit the completed form to our office. Electronic copies can be emailed to intlstu@odu.edu

All students on F-1 or J-1 visas with a visa document from ODU who enroll for fewer than the required credit hours (12 undergraduate; 9 graduate) in the **fall and spring semesters** must **submit this form by the Wednesday of the first week of classes** and receive an approval e-mail from VISA to maintain their visa status. If you do not submit this form when needed, you will be IN VIOLATION OF YOUR VISA STATUS AND MAY HAVE TO LEAVE THE U.S.

Even if all thesis/dissertation hours required for the degree have been completed, students must be registered for credit. First Name: Step 1: FAMILY Name: Step 2: Current Level at ODU: Undergraduate Masters Doctoral Major: Step 3: Visa Status: F-1 J-1 If J-1, are you sponsored by an organization (e.g. Fulbright, AMIDEAST, BSMP etc.)? Yes Step 4: RCL Semester: I am requesting full-time certification with ______credit hours for: FALL 20_____or SPRING 20____ Step 5: RCL Reason: Please CHECK the box of the option that best fits your situation this semester (Only select ONE). **B-ii.** I would like to drop a course because of A. I have a medical condition for which I am B-i. I have difficulties with adjustment to improper course level placement. An example currently receiving treatment. Submit a signed letter from education in U.S. English or the U.S. educational would be if you are registered for a class but did not the doctor or licensed psychologist treating you with system. This is my first semester at a U.S. have a prerequisite. their recommendation for part-time or no enrollment. institution in University-level classes. Students can only obtain a medical RCL for a total of Your advisor must attach a letter on University 12 months per degree level. No advisor signature is required for this letterhead with an explanation of the situation. No advisor signature is required for this reason. B (i or ii) can only be used ONCE per academic program. C. I am a Master's/Doctoral student and will only **E.** I am a Master's/Doctoral student with a GA **D.** I will graduate from ODU **THIS** semester. that permits fewer than nine credits. If you find you will not graduate, please notify enroll in thesis/dissertation credit(s). VISA by sending an e-mail to intlstu@odu.edu. Doyouneedanew I-20 with your GA funding listed? Your Graduate Program Director must sign at the bottom Yes No, my GA is listed on my I-20 Your GPD (GR) or Academic Advisor (UG) of this form. must sign at the bottom of Your assistantship supervisor must sign at the this form. bottom of this form. STEP 6: I have read the above and agree to the conditions. Submission of this form does not guarantee approval. Student's signature Student E-Mail IISA OFFICE USE ONLY HOLDS O No OYes (add notes @ bottom) GRADUATES: Ask your GPD (Reasons C or D) or GA supervisor (Reason E) to sign below. UNDERGRADUATES: Ask your Academic Advisor to sign for Reason D. Registered? ONo OYes This form is crucial in maintaining the visa status of F-1 and J-1 visa holders and is designed to facilitate documentation required by USCIS. This student wishes to take fewer credits than required O SEVIS Registration by USCIS (12 for UG and 9 for GR). O SEVIS Update for A, B, D Your signature verifies that the information on this form is accurate and that you approve. After Advisor Initial Date signing, you may return the form to the student and s/he will submit it to VISA. O Note in Terra Dotta O Registrar Spreadsheet Signature_____ Date Email O E-mail approval sent Name O GPD O GA Supervisor

O AcademicAdvisor (UNDERGRADUATE)

OFFICE USE: Correspondence notes (please include dates and cross out resolved items):