

REDUCED COURSE LOAD (RCL)/CONCURRENT ENROLLMENT FORM

4200 Farm Hill Blvd, Bldg 3-103, Redwood City, CA, 94061, Tel: 1-650-381-3544, Fax: 1-650-381-3518, Email: caninternational@smccd.edu

All F-1 students must be making normal progress towards degree completion by enrolling full-time (12 units) every fall and spring semester. Full-time enrollment units include all courses taken on campus and only one online class (3 units) can be counted towards full-time enrollment. Dropped classes cannot be counted towards full-time enrollment.

International students are only eligible for authorization for reduced course load (RCL) for the following reasons:

- Illness or medical condition. Student must attach a dated letter from a health professional explaining the illness or recommending the student take an RCL. International students are only eligible for up to 12 months of reduced course load authorization for medical reasons.
- Initial difficulty with English language (can only be authorized once and in the student's first academic year)
- Initial difficulty with reading requirements (can only be authorized once and in the student's first academic year)
- Unfamiliarity with American teaching methods
- Improper course placement
- Concurrent enrollment in another SEVIS-approved school, including College of San Mateo and Skyline College. SEVIS/I-20 authorization is not required but student must submit this RCL/Concurrent Enrollment Form signed by an academic counselor, attach proof of registration and submit final grades at the end of the semester for all non-SMCCD colleges.
- To complete course of study in the final semester

Authorization is made on a semester basis. Students who are authorized for academic RCL (excluding in the final semester) must be enrolled in at least 6 units. Students must request authorization for RCL before dropping classes. Authorization for RCL must be authorized before the end of the semester. Failure to obtain authorization in a timely manner for a reduced course load is a violation of F-1 status.



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TO BE FILLED OUT BY THE STUDENT	
NAME:	STUDENT ID#:
LAST NAME	FIRST NAME
PHONE NUMBER:	EMAIL:
I am requesting RCL authorization u	intil the end of the \square Fall \square Spring 20 semester.
RCL authorization is only granted pe	er semester only.
SIGNATURE:	DATE:
TO E	SE FILLED OUT BY THE ACADEMIC COUNSELOR
International students are only elig	ble for RCL authorization for the following reasons:
$\hfill\square$ Illness or medical conditions. Att	ach a letter recommending a reduce course load from a medical or health
professional with dates of diagnosis	and treatment.
☐ Initial difficulty with English langu	age (can only be authorized once and in the student's first year)
☐ Initial difficulty with reading requ	irements (can only be authorized once and in the student's first year)
☐ Unfamiliarity with American teac	ning methods
□ Improper course placement	
	r SEVIS-approved school. Student must submit proof of registration and e semester. Student is allowed to register in the following course(s).
College/University	Course Number(s) and Name(s)
☐ To complete course of study in the semester classes.	e final semester. Please submit copy of Student Ed Plan (SEP) showing final
I recommend RCL authorization unt RCL authorization granted per seme	ril the end of the □ Fall □ Spring 20 semester. ester only.
NAME OF COUNSELOR:	
PHONE NUMBER:	EMAIL:
SIGNATURE:	DATE:
For use by ISC staff only.	
Received date:	Processed date: