



International Student Program

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REDUCED COURSE LOAD AUTHORIZATION FORM

In order for you to be exempt from the full-time course of study requirement as part of your F-1 status, you must complete this form and submit it to a Designated School Official (DSO) prior to your dropping classes or reducing your course load. A student who drops below a full course of study without the prior approval of a DSO will be considered "Out of Status".

I, _____, Student ID # W _____ am requesting to be exempt from the
(student name)
full-course of study requirement for the _____, 20__ semester. The reason for this request
is: (please check the appropriate box below)

Illness or Medical Condition. (You may be authorized to have a reduced or even no course load for this reason. You must present the DSO with medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Please have your physician complete our Physician's Letter for Reduced Course Load Form. This reduced course load cannot exceed 12 months at a particular program level.)

To complete Course of Study in Current Term. (Take this form to a Counselor and have him/her sign this form)

I have reviewed the student's academic record and he/she is scheduled to complete all degree requirements for an Associate of Arts/ Science Degree in _____ major or IGETC or CSU GE Breath Transfer Requirements for from Las Positas College and receive his/her diploma at the end of the _____ term, 20__ which ends on _____ (date).

The required course(s) for his/her degree/transfer requirements is (are): _____

The student's file will be reviewed at the completion of the semester to ensure all degree requirements are complete.

Signature: _____

Date: _____

Academic Difficulty due to Initial Difficulty with English Language, Initial Difficulty with Reading Requirements, Unfamiliarity with American Teaching Methods, Improper Course Level Placement (can be used only once per program level) You should write and attach a letter explaining your academic difficulty and why you are requesting a reduced course load.

Student Signature: _____

Date: _____

For Staff Use Only , RCL Approved/ Denied, Documentation Received? Yes/No, Notes