

**Reduced Course Load (Students Graduating/Final Term)**

International students are allowed to register for less than a full course load (undergraduate: 12 credits, graduate: 9 credits) during the last term of their degree program if the courses that they need to graduate add up to less than a full course load. **The final course(s) must be taken on the WOU campus (not at a different institution or online).** *Regulation Source: 8 C.F.R. § 214.2(f)(6)(iii)(A)*

**Part A: To be completed by the Student**

Last Name	First Name	WOU Student ID #
Date of Birth (month/day/year)	Major	Degree Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Phone Number	E-mail Address	I-20 or DS-2019 Completion Date
U.S. Address (street, apt number, city, state, zip)		
# of Credits and Courses Remaining in Program of Study		Anticipated Graduation Date (mm/dd/yyyy)
Term Requested for RCL: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year: _____		
<b>Student Signature:</b> _____ <b>Date:</b> _____		

**Part B: To be completed by the Student's Major Academic Advisor**

This student will complete his/her degree program during \_\_\_\_\_ (term/year).  
**Specify the courses and credits required for graduation** (include all relevant information).

\_\_\_\_\_

\_\_\_\_\_

This student has completed formal course work for his/her degree program and is preparing for a comprehensive exam or submission of thesis.  
Date of comprehensive exam or thesis deadline: \_\_\_\_\_

Additional relevant notes may be included on the reverse side of this form.

**I recommend that this student register for less than a full course of study during the term requested and confirm that the above information is correct to the best of my knowledge.**

**Academic Adviser's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please return this form to OIED in Maake Hall using campus mail or return to student.**

Additional Notes:

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For OIED office use only:

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|---|--|
| <input type="checkbox"/> <b>Date stamp</b>                                | <input type="checkbox"/> <b>SPACMNT</b>                                  |
| <input type="checkbox"/> <b>Approved by International Student Advisor</b> | <input type="checkbox"/> <b>OIED DB updated</b>                          |
| <input type="checkbox"/> <b>Denied by International Student Advisor</b>   | <input type="checkbox"/> <b>Approval E-mail Sent<br/>(CC:OIED Staff)</b> |

**Advisor/DSO Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_