



**Western Oregon University**  
**Reduced Course Load (RCL):**  
**Students with Initial English or Academic Issues**

International students are allowed to register for less than a full course load (undergraduate: 12 credits, graduate: 9 credits) if they (a) have initial difficulties with English during the first term of their degree program, or (b) have difficulties with reading requirements, or (c) have difficulties with American teaching methods, or (d) were improperly placed in a high-level course. Students must take at least half of a full course load. *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
U.S. Address (street, apt number, city, state, postal code)		
Courses (including credits) that are causing academic difficulties		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 Professor/Instructor of listed course**

This student needs less than a full course load because: (select the appropriate reason)

- he/she is having initial difficulties with English language proficiency in a particular course(s) during his/her first term at WOU.
- he/she is having difficulties with reading requirements.
- he/she is having difficulties with American teaching methods in a particular course(s).
- he/she was improperly placed in a course(s) that he/she was not prepared to take.

List the course(s) relevant to this request \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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 the ISSA office using campus mail or return to student.

Additional Notes:

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**For ISSA office use only:**

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| <input type="checkbox"/> Date stamp                                | <input type="checkbox"/> SPACMNT                               |
| <input type="checkbox"/> Approved by International Student Advisor | <input type="checkbox"/> ISSA DB updated                       |
| <input type="checkbox"/> Denied by International Student Advisor   | <input type="checkbox"/> SEVIS updated                         |
|  | <input type="checkbox"/> Approval E-mail sent (CC: ISSA staff) |

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