



**Western Oregon University  
Reduced Course Load (RCL):  
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. *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)		
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: _____		
Student Signature: _____ Date: _____		

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

- This student will complete his/her degree program during \_\_\_\_\_ (term/year).  
**Specify the courses/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 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"/> Approval E-mail Sent (CC: ISSA Staff) |

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