



# OFFICE OF IMMIGRATION SERVICES

The UNIVERSITY of OKLAHOMA

## Reduced Course Load (RCL) Request Form

Must be completed by student and returned along with supporting documentation to the DSO in the Office of Immigration Services. Student must receive DSO authorization for less than full-time enrollment **prior to** dropping courses.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SEVIS Number: \_\_\_\_\_ HC ID#: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Street Number City State ZIP  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM INFORMATION

College: \_\_\_\_\_ Major: \_\_\_\_\_  
Degree: B.S. \_\_\_\_\_ M.S. \_\_\_\_\_ Ph.D. \_\_\_\_\_ Professional \_\_\_\_\_

**Academic Advisor Attestation:** Student needs less than a full course load to finish the degree program and should graduate in the term of RCL authorization.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ENROLLMENT INFORMATION

Semester: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_  
Hours Dropping: \_\_\_\_\_ Remaining Enrollment: \_\_\_\_\_

Reason for Reduction:

\_\_\_\_\_ Final Semester (Advisor signature required) \_\_\_\_\_ Improper course level placement  
\_\_\_\_\_ Initial difficulties with the English language \_\_\_\_\_ Medical Issues (page 2 required)  
\_\_\_\_\_ Initial difficulties with English reading requirements

#### Office of Immigration Services

O'Donoghue Research Building  
1122 NE 13th St, Suite TB038  
Oklahoma City, OK 73117  
Phone: (405) 271-2189  
Casee Cole, DSO [casee-cole@ou.edu](mailto:casee-cole@ou.edu)

-----PRINT ON MEDICAL OFFICE LETTERHEAD-----

Date

RE: REDUCED COURSE LOAD FOR MEDICAL REASON

As a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, I recommend that (student's name) reduce his/her course load or withdraw from all classes due to a temporary illness or medical condition for the dates beginning (date) to (date).

Sincerely,

Doctor's  
Name  
Address  
Office Telephone  
Number Fax Number  
Email Address