



## Reduced Course Load (Initial English/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<br><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:<br><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 or Advisor

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.**

**Instructor/Adviser's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_

**Please return this form to the OIED using campus mail or return to the student.**

Additional Notes:

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For OIED use only:

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

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