

REDUCED COURSE LOAD (RCL) FORM

Haverford College
International Student Support Office (ISSO)

Family Name: _____ Given Name: _____

Class Yr. _____ SEVIS Number: _____ Major: _____

Dorm (on-campus) Address: _____

U.S. Mailing Address: _____

City / State / Zip Code: _____

Telephone: _____ Email: _____

Expected Date of Graduation: _____ Applicable Semester (I or II): _____

To be completed by the Academic (Major) Advisor, Advising Dean and confirmed by the Registrar of Haverford College:

The following reasons are the only acceptable reasons to be enrolled in less than a full course (4 credits) load during a semester.

Academic Exceptions:

- Improper Course Placement
- Difficulty with Reading Requirements (first semester only)
- Difficulty with the English language (first semester only)
- Unfamiliar with American teaching methods (first semester only)
- Student's Final Semester and is taking the last remaining courses to complete degree
- Temporary Illness or Medical Condition**

Note that documentation from a licensed Medical Doctor or licensed Psychologist or a Doctor of Osteopathy in the United States of America must be provided at the time of submitting this Form in order for ISSO to grant approval to drop below full course load (4 credits) for medical reasons. Per the regulations a student *cannot exceed 12 months* (aggregate) of reduced course load per academic level.

Major Advisor's Name (Please Print)	Signature	Date
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Advising Dean's Name (Please Print)	Signature	Date
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To be completed by Registrar only

Current No. of Credits completed: _____ No. of Credits remaining: _____

Registrar's Name (Please Print)	Signature	Date
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(Student) I, _____, accept full responsibility should I fail to complete the outstanding credits required to graduate as a result of unforeseen circumstances, temporary illness or other medical condition. I was appraised of the negative aspect for carrying less than a full course load by the DSO. Signature: _____ Date _____