

Reduced Course Load (RCL) Authorization Form & Policies
For F-1/J-1 students requesting authorization to enroll part-time
IMPORTANT: You must submit this form before dropping below full-time status

SECTION A: TO BE COMPLETED BY THE STUDENT:

Family Name: _____ First Name: _____ HPU ID: @ _____
(As appears on the passport and visa)

HPU Email: _____ Phone #: _____

ENROLLMENT INFORMATION

What semester would you like to request reduced enrollment? How many credits do you hope to be registered for?
Fall Spring Summer Year: _____

Reason for RCL authorization request:

- ... & R P S O H W L R Q R I 6 W X G L H V , ¶ P L Q P \ I L Q D O W H U P
... Medical Reasons: student must attach a letter in English regarding the medical condition(s) from a licensed doctor or clinical psychologist
... Academic Difficulties (select one reason below)
... Initial difficulty with English language or reading requirements - limited to first academic year only [214.2(f)(6)(iii)]
... Initial unfamii 0 g /TT1 8.04 Tf 356.23 410.35 Td (()Tj ET Q q 297.29 406.27 278.33 13.92 re W* n BT 0 g /TT1 8.04 Tf 358.87 410.35 Td [(e)4

FACULTY (for students claiming Academic Difficulties only):

If a student is requesting the ability to reduce their course load due to academic difficulties, please provide your recommendation for the student dropping the course:

[Empty rectangular box for faculty recommendation]

Faculty Name: _____ Faculty Signature: _____ Date: _____

SECTION C

Reduced Course Load (RCL) Authorization Form & Policies

For F-1/J-1 students requesting authorization to enroll part-time

IMPORTANT: You must submit this form before dropping below full-time status