



REDUCED COURSE LOAD REQUEST

Signing this form is a formal request seeking permission to have a reduced course load for this semester.

To Be Completed by Student:

Last Name: _____ **First Name:** _____

NCWC ID: _____ **Major:** _____

Intended number of credits: _____ **Semester/Year of intended RCL:** _____

Please Note: There may be financial, insurance, and other consequences for dropping below full-time status. Please check with the Business Office and the Registrar's Office regarding your eligibility (if applicable) to confirm if there will be any issues.

What is the purpose of the Reduced Course Load (RCL) request?

- Medical necessity (Please provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.)
- Initial difficulty with English language (Valid for first semester only.)
- Initial difficulty with English reading requirements (Valid for first semester only)
- Unfamiliarity with U.S. teaching methods (Valid for first semester only)
- Improper course level placement (Please attach letter of explanation from Advisor.)

I certify that I understand the requirements, procedures and ramifications stated on this form.

Student Signature: _____ Date: _____

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To Be Completed by the Academic Advisor:

Advisor's Name: _____

Email: _____ **Phone:** _____

Academic Advisor's Signature: _____ **Date:** _____

Send completed form to Dawn Turner at dturner@ncwc.edu