



WILLIAM PATERSON UNIVERSITY

Office for International Students and Scholars • Morrison Hall, G-03
300 Pompton Road • Wayne, New Jersey 07470-2103
973.720.2976 • Fax 973.720.2336 • wpunj.edu

Request for Reduced Course Load (RCL) Authorization

This form must be submitted to the OISS for approval **before** you are able to drop classes.

Section I: To Be Completed by the Student:

Last Name First Name.....
Program..... Student ID
WP Email

RCL Request for: Fall / Spring / Summer 20.....
Proposed number of semester hours to be taken in the RCL Semester

Reason for RCL Request:

☐ Academic Difficulties

Have your academic advisor fill out the section below. You must enroll in at least 6 credit hours (2 classes).

☐ Final term before graduation

Have your academic advisor fill out the section below. You must enroll in at least 3 credit hours (1 class).

☐ Medical

Attach a letter on official letterhead from a licensed medical doctor or clinical psychologist confirming illness/condition. This letter should recommend a part time enrollment for a specific number of semester hours or withdrawal from a specific semester.

Student Signature..... Date.....

Section II: To be completed by the student's Academic Advisor, if required (see above) :

Students holding F-1 visas may apply for a Reduced Course Load (RCL) below 12 hours through the Office of International Students and Scholars. Please select one option from the following list of approved reasons for RCL:

☐ Initial difficulties with English language. Comments:.....

☐ Initial difficulties with reading requirements. Comments:.....

☐ Unfamiliarity with U.S. teaching methods. Comments:.....

☐ Improper course level placement. Comments:.....

☐ Completion of degree program at the end of the upcoming semester. The student is expected to complete all degree requirements on/...../..... and graduate on/...../.....

Advisor's Name Email.....@WPU.edu

Advisor Signature..... Date.....



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Section III: To be completed by the OISS. This request has been: ☐ **Approved in SEVIS** ☐ **Denied**

DSO Signature..... **Date**.....