

REDUCED COURSE LOAD REQUEST FORM

| Last Name: | Given Name: | |
|---|--|---|
| (as appears on passport) | (as it appears on passport) | |
| UCLA ID#: SEVIS ID#: N | | |
| Major: | Country of Citizenship: | |
| Email: | Telephone: | |
| Degree Objective: Bachelors | Master's | Doctorate |
| Quarter Requesting RCL: | # of Units After Course | Drop: |
| F-1 students must enroll full-time (Undergraduate Studacademic terms (fall, winter, and spring quarters) and operiod of study at UCLA to maintain F-1 status in the Uapproved by the Dashew Center before dropping below F-1 students may be authorized to drop below full-time | complete all required cours I.S. F-1 students must wai v full-time enrollment (incl | sework during their authorized t until their RCL request has been uding retro-drop requests). |
| Student must provide a recommendation letter D.O.), UCLA Counseling and Psychological Se or D.O.). Letters from non-UCLA medical phys Security and a second opinion may be required. Request must be submitted to the Dashew Ce the Dashew Center before a student drops bel. Allows F-1 students to be enrolled 0 units during Does not require a signature from an Academi. Student cannot engage in CPT authorization decrease. | ervices (CAPS), or from a icians must be addressed of for approval. Inter before the quarter endow full-time enrollment. In the quarter counselor/Student Affair | non-UCLA medical physician (M.C to U.S. Department of Homeland d date and must be approved by |
| Academic Difficulty Can only be used once during a student's degion Request must be submitted to the Dashew Centhe Dashew Center before a student drops below Allows F-1 students to be enrolled 50% time (Unit Requires signature from an Academic Counses Student cannot engage in CPT authorization decided in the content of the co | nter before the quarter end ow full-time enrollment. Jndergrad: 6 units; Grad: 4 lor/Student Affairs Officer | units) (SAO) |
| Final Quarter at UCLA Request must be submitted and approved by t Allows F-1 student to be enrolled in as few as Requires a signature from an Academic Counse | 1 unit, provided the course | e/unit is required to graduate |
| Name of Academic Counselor or SAO | Signature of | Academic Counselor or SAO |
| School/Department | Extension | Date |