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Fax: 541-917-4868

## **Reduced Course Load Request Form**

Personal Information				
Last Name:		First Name:		
ID #:		Phone Number:		
Email Address:				
Number of LBCC credits after dropping:	Expected graduation term:		Term for RCL:	

## Reason for Reduced Course Load Request ( Check one of the following.)

Academic Reasons Final Qua	arter
<ul> <li>Initial difficulties with the English language</li> <li>Initial difficulties with reading requirements</li> </ul>	□ I am completing my program of study this term and will be graduating with a degree or certificate. I have provided an education plan from my academic advisor confirming that this is my final quarter.
Unfamiliarity with American teaching	□ My major is:
methods	□ AS □ AAOT
□ Improper course level placement	□ AAS

## **Student's Statement (Required)**

Please write a brief statement to explain why you are to drop below the full course load.

I request for the International Programs office to update my SEVIS record to reflect authorized part-time study for the reason indicated above.

Student	Signature:
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Date: \_\_\_\_\_

Reduced Course Load Form Updated January 2023