REDUCED COURSE LOAD
REQUEST FORM

SECTION 1: STUDENT INFORMATION

Instructions: This section is to be completed by the student.

First (Given) Name: _____ Last (Family) Name: _____

Major: _____ Minor: _____

Education level: ☐ Bachelor ☐ Master ☐ Doctoral   Student ID: _____

SECTION 2: REQUEST INFORMATION

Instructions: This section is to be completed by the student requesting an RCL.

What term are you requesting a Reduced Course Load for? _____

Indicate the type of Reduced Course Load you are requesting:

☐ (OPTION 1) Illness or Medical Condition

Also Select the Following: Also Select the Following:
    ☐ This is an initial request   ☐ I will not be registered for credits.
    ☐ This is an extension   ☐ I will be registered for _____ credits.

☐ (OPTION 2) Academic Difficulties

Also Select a Sub Reason:
    ☐ Improper course level placement
    ☐ Initial difficulty with reading requirements
    ☐ Initial difficulty with the English language
    ☐ Unfamiliarity with U.S. teaching methods

☐ (OPTION 3) To Complete Course of Study
    Anticipated Term of Graduation: _____

Provide a description of your request:

Student's Signature: _____Date: _____

SECTION 3: ADDITIONAL INFORMATION

Instructions: This section is to be completed if the student selects Option 2 or Option 3.

Academic Advisor Name: _____

Required credit hours remaining (excluding current enrollment): _____

Anticipated Term of Graduation: _____

By signing this form, the academic advisor is certifying that the student is either (1) requesting an RCL for their final semester at Kutztown University or (2) has a bona fide academic difficulty reason for requesting an RCL.

Advisor's Signature: _____Date: _____