Application for Reduced Course Load

To be authorized for a Reduced Course Load (RCL), please fill out this form and bring it to International Student Affairs.

A Reduced Course Load (RCL) must be authorized before the student drops below a full-time course of study. Full time is defined as 12 credits for undergraduates and JD, 9 credits for graduates and LLM.

PERSONAL INFORMATION (To be completed by the student)

Name: ____________________________________________ Hofstra ID #: __________________
Surname/Family Name Given Name

U.S. Address: ____________________________________________________________

City __________________________________ State __________________ Zip __________

U.S. Phone Number: ___________________________ Email: __________________________

ACADEMIC INFORMATION

Degree Expected: ☐ Bachelor ☐ Master ☐ Doctorate ☐ Law (LLM or JD) Major/Field of Study: __________________________

ACADEMIC ADVISOR (To be completed by the student’s academic advisor. For undergraduate students, this form needs to be completed by the advising Dean in the Center for University Advising.)

The student is recommended to take ______________ credits in ____________ semester based on the following reason:

Academic Difficulties

☐ Initial difficulty with the English language (can only be used for the initial academic term)
☐ Initial difficulty with the reading requirements (can only be used for the initial academic term)
☐ Unfamiliarity with U.S. teaching methods (can only be used for the initial academic term)
☐ Improper course level placement (needs written clarification from the academic department)

If the student needs to drop courses, please list the course number(s) and credits: __________________________

Medical Condition (Authorization for up to 12 months)

☐ Illness or medical condition (must be accompanied by a doctor’s note from a licensed doctor in the U.S.)

Completion of Course of Study (Authorization for the final semester only)

☐ Final academic semester; student expected to complete program: Month ______ Day ______ Year ______

Comments:

__________________________________________

Academic Advisor’s Name (print) ___________________________ Signature ____________________________

Department ___________________________ Phone ___________________________ Date ___________________________

DSO ___________________________ Notes ___________________________

Last Updated 08/02/2018