

International Student Affairs (ISA)

Division of Student Affairs 202 Roosevelt Hall 130 Hofstra University Hempstead, NY 11549-1260 international@hofstra.edu Tel: (516) 463-6796 Fax: (516) 463-5328

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 <u>before</u> 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		
2	· · · · · · · · · · · · · · · · · · ·	JD) Major/Field of Study:
	ompleted by the student's academ	ic advisor. For undergraduate students, this
The student is recommended to take	credits in	semester based on the following reason:
Academic Difficulties		
_	e English language (can only be use e reading requirements (can only be	ed for the initial academic term) e used for the initial academic term)
☐ Unfamiliarity with U.S.	teaching methods (can only be use lacement (needs written clarification	d for the initial academic term)
☐ Unfamiliarity with U.S. ☐ Improper course level pl	teaching methods (can only be use lacement (needs written clarification	d for the initial academic term)
☐ Unfamiliarity with U.S. ☐ Improper course level pl	teaching methods (can only be use lacement (needs written clarification please list the course number(s) an	d for the initial academic term) n from the academic department)
☐ Unfamiliarity with U.S. ☐ Improper course level pl If the student needs to drop courses, Medical Condition (Authorization	teaching methods (can only be use lacement (needs written clarification please list the course number(s) and for up to 12 months)	d for the initial academic term) n from the academic department)
☐ Unfamiliarity with U.S. ☐ Improper course level pl If the student needs to drop courses, Medical Condition (Authorization ☐ Illness or medical condition	teaching methods (can only be use lacement (needs written clarification please list the course number(s) and for up to 12 months) tion (must be accompanied by a do	d for the initial academic term) n from the academic department) d credits: ctor's note from a licensed doctor in the U.S.)
☐ Unfamiliarity with U.S. ☐ Improper course level pl If the student needs to drop courses, Medical Condition (Authorization ☐ Illness or medical condit Completion of Course of Study (Authorization)	teaching methods (can only be use lacement (needs written clarification please list the course number(s) and for up to 12 months) tion (must be accompanied by a douthorization for the final semester)	d for the initial academic term) n from the academic department) d credits: ctor's note from a licensed doctor in the U.S.)
☐ Unfamiliarity with U.S. ☐ Improper course level pl If the student needs to drop courses, Medical Condition (Authorization ☐ Illness or medical condit Completion of Course of Study (Authorization)	teaching methods (can only be use lacement (needs written clarification please list the course number(s) and for up to 12 months) tion (must be accompanied by a douthorization for the final semester; student expected to complete pro-	d for the initial academic term) n from the academic department) d credits: ctor's note from a licensed doctor in the U.S.) or only) gram: Month Day Year
☐ Unfamiliarity with U.S. ☐ Improper course level pl If the student needs to drop courses, Medical Condition (Authorization ☐ Illness or medical condit Completion of Course of Study (Authorization) ☐ Final academic semester Comments:	teaching methods (can only be use lacement (needs written clarification please list the course number(s) and for up to 12 months) tion (must be accompanied by a douthorization for the final semester; student expected to complete pro	d for the initial academic term) n from the academic department) d credits: ctor's note from a licensed doctor in the U.S.) or only) gram: Month Day Year