



International Center

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Reduced Course Load (RCL): Request Form

International students who need to drop below full time must meet with and obtain permission from their International Student Advisors before dropping to less than full time. A student who drops below full time without prior approval from the International Center will be considered out of status.

Part I: Student Information – Student Completes

Last Name _____ First Name _____ Tufts ID _____
Academic Program _____ Degree _____
Date of Birth _____ Visa Status _____

Reduced Course Load Request

I am requesting a(n) Academic RCL Medical RCL

RCL Start Date _____ RCL End Date _____

Reasons for Reduced Course Load

Please indicate the reason in which you are requesting to drop below a full course of study.

- Illness or Medical Condition
- Improper Course Level Placement
- Initial Difficulty with Reading Requirements
- Initial Difficulty with the English Language
- Unfamiliarity with American Teaching Methods

Academic Difficulty Reduced Course Load

- Academic Advisor must fill out page 2 of this form
- Credit hours must consist of at least half of the credit hours required for full time enrollment
- Authorization is limited to once per degree level regardless of institution
- Student must resume a full course of study in the next available term, session, or semester, excluding summer session

Medical Reduced Course Load

- Must include a letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending the reduced course load
- Student is permitted to drop below full time for each new term, session, or semester but no more than 12 months in the aggregate during any one course of study
 - Must present a current letter to support each RCL authorization.

By signing below, I understand the eligibility criteria and responsibilities necessary in order to request a drop in my full time status at Tufts University.

Student Signature _____ Name _____ Date _____

Part II: Advisor's Statement (Academic RCLs only)

Student Last Name _____ First Name _____

Academic Program _____ Degree _____

Advisors Last Name _____ First Name _____

Title _____ Department _____

Detailed Explanation

Please give a detailed explanation as to why this student is requesting a drop below full time status at Tufts University.

By signing below, I confirm my recommendation and support for this student to reduce his or her academic load to less than a full course of study due to the academic reasons as indicated above.

Advisor Signature _____ Name _____ Date _____