

**FINAL SEMESTER
Reduced Course Load (RCL) Request**

Instructions: Please complete this entire form and forward it to the appropriate advisor at the International Center.

Part I: Student Information

Last Name: _____ First Name: _____ Tufts ID: _____

Academic Program: _____ Degree: _____

Part II: Reason for RCL

Last Semester

Graduation Date (mm/dd/yy): _____

Part III: Academic Dean, Graduate Advisor, Registrar's* Endorsement

Students in School of Arts & Sciences and Engineering must get signature from Academic Dean or Graduate Advisor.
Students in the Boston Health Sciences Campus must get signature from Registrar.

Print Name: _____

Signature: _____