This form should be completed **before** you withdraw from any class that would result in maintaining less than a full-time course load or **before** you enroll for less than full-time in a long semester. Minimum enrollment permitted during an RCL is 6 hours unless the RCL is for thesis/dissertation equivalent, medical reasons or last term. **Failure** to receive prior authorization is considered a **violation of your visa status by U.S. Immigration & Customs Enforcement.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SEVIS ID#:</th>
<th>E-mail:</th>
<th>UTEP ID:</th>
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<tr>
<th>Classification (circle one)</th>
<th>Visa Type: (circle one)</th>
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<tbody>
<tr>
<td>Graduate: Master PHD Certificate</td>
<td>F-1 F-3 J-1</td>
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<tr>
<th>First semester at UTEP: (circle one)</th>
<th>Anticipated Graduation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

Please select only one category for the Reduced Course Load (RCL) below:

- Thesis/Dissertation/Equivalent
- Illness or medical condition (Documentation Required)
- Improper course level placement
- Initial difficulties with reading requirements
- Initial difficulties with the English language
- Unfamiliarity with American teaching methods
- To complete course of study in current term (RCL last term)
  (Student is required to apply for graduation.)

Number of hours currently enrolled (for RCL term):_______ Number of hours you wish to be enrolled:________

Please explain why you wish (feel the need) to carry less than a full course load.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

**Signatures**

Academic Advisor:________________________ Print Name:________________________ Date:________

Department Chair:_______________________ Print Name:_______________________ Date:________

Academic Dean:___________________________ Print Name:_______________________ Date:________

Graduate School:_________________________ Print Name:________________________ Date:________

Thesis/Dissertation/Equivalent: Yes ☐ No ☐

**For Office Use Only:**

___ Approved  ___ Declined

Reason:__________________________________________________________

OIP Advisor:_________________________ Print Name:________________________ Date:________

RCL Authorized (if applicable) ☐ SPACMNT ☐ ISSM ☐ SHADEGR(if applicable) ☐