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 medical reasons or last term. **Failure** to receive prior authorization is considered a **violation of your visa status**.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sevis ID#:</th>
<th>N00 _____ _____ _____ _____ _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail:</td>
<td>UTEP ID:</td>
<td>8 _____ _____ • _____ _____</td>
</tr>
<tr>
<td>First semester at UTEP: (circle one)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Visa Type: (circle one)</td>
<td>F-1</td>
<td>F-3</td>
</tr>
<tr>
<td>Anticipated Graduation Date:</td>
<td>Fall</td>
<td>Spring</td>
</tr>
</tbody>
</table>

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

- ___ 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.

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Academic Advisor's Signature:________________________ Printed Name:________________________

Department: __________________________ Printed Name: __________________________ Date: __________

For Office Use Only:

___ Approved  ___ Declined

Reason:________________________

OIP Advisor:________________________ Print Name:________________________ Date: __________

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