

Office of International Programs and Services

UNIVERSITY LIFE LIVING • LEARNING • LEADING

## J-1 Student Request for Reduced Course Load (RCL) Authorization

<u>Section A:</u> Family Name	Given Name			
-			E-Mail Address	
	-			
-	C C			
	Undergraduate			
	h you are requesting a			
oips.gmu.edu.) I believ		ents and have prov	vided truthful documer	ibility. (These may be found at ntation in support of my request. In m.
Student's Signature Print N			ame	Date
				my coursework until after obtaining y be granted in the following
<b>Medical Illne</b> J-1 Responsible	<b>ss or Condition</b> . Call e Officer and after the	OIPS at (703) appointment, v	993-2970 to sched visit the Office of E	ule an appointment with the Disability Services.
you are a degre	ee-seeking student, ple Registrar's website. If	ase follow the	Graduation Proces	f you are a degree-seeking If is steps required on the Office a degree evaluation and
Academic Rea	<b>ison.</b> Please have your	Academic Dea	n or Advisor comp	lete the following section.
Academic Dean o	or Advisor: Per 22 CF	FR 62.23(e)(3),	the Responsible O	fficer must receive a written
than a full course or request. If the reas and specify in which	of study for a term due son is improper course	to a bona fide level placemen it will enroll fo	academic reason. H at, the statement m r that course. Pleas	e student is compelled to pursue less Please indicate the reason for the ust indicate the appropriate course se note: Reduced Course Load for an
Academic Adviso	or or Dean's Signa	ture		
Print Name			Date	
review your reque China 121 or Glo student's RCL req	st first before returnin bal Education Office uest with their home u	g this form to representative iniversity and a	OIPS. v <b>e:</b> Please sign belo approve:	dent, please visit their office to ow to confirm you have reviewed the
Print Name				Date

Print Name\_\_\_\_\_