



Reduced Course Load Application

STUDENT INFORMATION

Name _____ ID # _____

Degree Type: BS BA MS MA Other Major/Field of Study _____

Expected Date of Graduation _____

I certify that the information on this form is true and correct.

Signature _____

Date _____

DEVIATION FROM FULL-TIME STUDY (to be completed by academic advisor)

- Illness or medical condition. Please include medical substantiation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.
- Initial difficulty with English language.
- Initial difficulty with reading requirements.
- Unfamiliarity with American teaching methods.
- Improper course level placement.
- Final semester of program will complete course of study.

Additional Comments _____

Name _____ Title _____

Dept. _____ Phone # _____

I certify that the information provided above is true and correct. I recommend that this curricular practical training experience be authorized by International Students and Scholar Services.

Signature _____

Date _____

STUDENTS TAKING COURSES AT OTHER INSTITUTIONS

Student is concurrently enrolled with another DHS-approved school and will take _____ credits at Fairfield University and _____ credits at _____.

The enrollment in both schools amounts to a full-course of study. (Please attach copy of registration from other school and permission form to take classes outside of Fairfield University).

Signature of Academic Advisor _____

Signature of School/College Dean _____

Printed Name _____

Date _____

Printed Name _____

Date _____

DSO USE ONLY

Evaluation of the RCL Application by DSO: Satisfactory Unsatisfactory

Authorized Signature _____

Date _____