



INTERNATIONAL RELATIONS AND THE BRENNAN CENTER

Reduced Course Load (RCL) Request Form

Information: F-1 students may request authorization to drop below full-time enrollment for specific academic or medical reasons. Students must receive approval before dropping below full-time or they risk violating their F-1 status.

Instructions: Please complete this form to the best of your ability. We recommend typing your responses and printing the form for final signature(s); however, handwritten submissions are also accepted. Once completed, please email the form or any related questions to international@niagara.edu.

I. Student Information

Surname/Family Name: _____ Legal Given Name: _____

Preferred Name: _____ Pronouns: _____

Date of Birth: _____ (mm/dd/yyyy)

NU ID: _____ SEVIS ID: N _____

II. Reduced Course Load Information

Kindly select the reason for your RCL Request and briefly explain

F-1 Canadian Commuter

Academic Reason (Must be documented by your Dean's Office)

ACADEMIC INFORMATION

Academic Advisor / Dean's Name: _____

Academic Advisor / Dean's Email: _____

Academic Advisor / Dean's Phone: _____

Medical Reason (Must be documented by a physician)

*You will need to upload documentation from a medical doctor, doctor of osteopathy, or a licensed clinical psychologist recommending a MLOA due to illness or medical condition. The letter must also specify the time period recommended for the reduced enrollment **



**NIAGARA
UNIVERSITY**

INTERNATIONAL RELATIONS AND THE BRENNAN CENTER

IV. Student Acknowledgment

By submitting this form I certify that I understand that I am required to be enrolled full-time until this request is approved, and if denied I will need to maintain full-time enrollment. Furthermore, Niagara University is legally required to enforce U.S. Government policies and procedures concerning immigration and SEVIS. I acknowledge that the above requests may impact my immigration status and understand that maintaining compliance is my responsibility. I am fully aware of the consequences of non-compliance and accept responsibility for any changes to my status resulting from these requests to my SEVIS record.

*** Signature:** _____ **Date:** _____