

APPLICATION FOR REDUCED COURSE LOAD

This form must be approved prior to taking a reduced course load.

International students in F-1 status are required to be enrolled full-time during the academic year, excluding the summer. *Full-time* is defined as 12 credits of coursework each semester during the academic year for undergraduate and certificate program students. Federal regulations allow for part-time enrollment in very specific and limited circumstances.

Instructions: Complete this form, attach appropriate documentation, and submit to International Student Services for approval. Once approved, you will receive a new I-20 with the Reduced Course Load authorization printed on it.

Student Information					
Last/Family Name		First/Given Name			Middle Name
Date of Birth (mm/dd/yyyy)					TMCC Student ID
Semester of Reduced Course Load	mester of Reduced Course Load Degree Program AA AS Other		Expected Graduation Date (Semester/Ye		ster/Year)
Signature	,				Date (mm/dd/yyyy)
Select the Reduced Cours Academic Difficulty (see S	<u> </u>		ion II)	☐ Medical Condit	tion (See Section III)
I. Academic Difficulty					
An F-1 student may be approved to given one time only per degree prog					reasons listed below. This approval is
☐ Improper course level place	ement.				
I am experiencing academic diffic	culty because of improper cours	e level placeme	nt.		
Improper Course:					
☐ Initial difficulties with read	ling requirements.				
It is my first year of academic study at TMCC, and I am having difficulty with reading requirements.					
☐ Initial difficulty with the Er	nglish language.				
It is my first year of academic st	udy at TMCC, and I am having o	lifficulty with the	e English la	nguage.	
☐ Unfamiliarity with U.S. tead	ching methods.				
I am experiencing academic diffic	culty because I am not familiar (with U.S. teachi	ng method:	S.	
The student will be enrolled for a to	tal of credits for:	Spring 🗌 Fall	Yea	ar:	
International Academic Advisor's Na	me				
					In
International Academic Advisor's Signature					Date (mm/dd/yyyy)

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II. Final Term					
An F-1 student may request a reduced course load in the student's final semester if fewer courses are needed to complete th	e student's program.				
☐ To complete course of study in current term.					
I will graduate this semester, and I am enrolled in the remaining coursework for my degree.					
International Admissions understands that the signatures express only an expectation, not a guarantee or confirmation of TMCC program completion.					
Graduation Application Date (mm/dd/yyyy):					
The student will be enrolled for less than 12 credits, for a total of credits for: Spring Fall Year:					
International Academic Advisor's Name					
International Academic Advisor's Signature	Date (mm/dd/yyyy)				
III. Medical Condition					
An F-1 student may be approved to take less than 12 credits (or no credits) due to a temporary illness or medical condition for the approval is only valid for one semester at a time; students must be reapproved each semester.	or a maximum of 12 months.				
Required Documentation: An official letter from a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), or a licensed clinical psychologist, recommending either a reduced course load (less than 12 credits for the semester) or no enrollment (0 credits) due to a medical condition. The letter must include the semester for which the exception to full-time enrollment is requested.					
☐ I am under the care of a doctor or therapist and I am unable to enroll full-time.					
☐ I have attached a letter from an approved medical provider as specified above.					
☐ I have attached a completed medical release form, signed by my medical provider (see page 3).					
Return completed form to: Truckee Meadows Community College 7000 Dandini Blvd., RDMT 114 Reno, NV 89512-5605					
For Official Use Only					

☐ Copy to student

Date:

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TMCC is an EEO/AA institution. See https://eeo.tmcc.edu for more information.

☐ Updated in SEVIS

☐ Comment entered in PS

Initials:

Student Request to Release Medical Information to Truckee Meadows Community C	College			
I,, give permission to my doctor or medical provider to share my protected health information with Truckee Meadows Community College (TMCC) for the purpose of applying for Reduced Course Load based on medical condition, in compliance with federal regulations.				
Signature	Date (mm/dd/yyyy)			
Instructions to Medical Provider				
To a Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist:				
As specified in federal immigration regulation 8 CFR 214.2(f)(6)(iii)(B):				
"The DSO [Designated School Official for immigration] may authorize a reduced course load illness or medical condition for a period of time not to exceed an aggregate of 12 months wh program level. In order to authorize a reduced course load based upon a medical condition, medical doctor, a doctor of osteopathy, or licensed clinical psychologist, to the DSO to substructurent medical documentation and the DSO must reauthorize the drop below full-time for each to register in a full course load, and the student has asked you to write a letter on his/her becollege DSO, it is a federal government requirement that the letter included the following electric descriptions.	ille the student is pursuing a course of study at a particular the student must provide medical documentation from a licensed antiate the illness or medical condition. The student must provide ach new term, session, or semester." aving a medical condition which prevents them from being able chalf requesting a Reduced Course Load (RCL) to submit to the			
☐ Written on official letterhead (not on a prescription pad)				
☐ The date the letter was written				
☐ The name of the student/patient				
The name and detailed description of the temporary illness and how it preven	ts the student from enrollment in a full course load			
☐ Explain whether it is recommended that the student take a reduced course loa	ad or no courses at all due to their medical condition			
☐ If the student is pregnant and is experiencing a medical complication or condimedical condition and how it prevents the student from studying full-time. A load.				
☐ The specific semester (e.g. fall or spring) or start and end date for which you medical condition	recommend a reduced or no course load due to their			
☐ An original signature				
☐ The address and phone number of the practice/hospital/other medical center	as well as your medical license number			

Please address any questions you have about this document via email to: international@tmcc.edu