Full-time enrollment is considered:
- Undergraduate students: Enrolled in at least 12 credit hours
- Graduate students without an assistantship: Enrolled in at least 9 credit hours
- Graduate students with an assistantship: Enrolled in at least 6 credit hours
- Doctoral students who have passed comprehensive exams: Maintenance of continual doctoral enrollment (at least two credit hours in fall and spring and one credit hour in summer)

TO BE COMPLETED BY THE STUDENT

Last/family name: ___________________________ First/given name: ___________________________

MU ID#: ___________________________ Department: ___________________________

Level: □ Undergraduate  □ Graduate

Expected graduation date: ___________________________

Semester requesting reduced course load:  □ Fall  □ Spring  Year: ___________________________

Number of credits you will take: ___________________________

TO BE COMPLETED BY THE ACADEMIC ADVISER

There are limited situations in which an international student may take a reduced course load. Listed below are the only legally acceptable reasons; please check all reasons that apply.

□ Student is having difficulty in his/her first or second semester with:
  □ English language
  □ Reading requirements
  □ American teaching methods
  □ Improper course placement

□ GRADUATE STUDENTS: Student has already completed all required formal coursework and the only degree requirements remaining include research, projects, thesis or equivalent. To be eligible, student must enroll in at least one credit hour of research, projects, thesis or equivalent. (Once submitted, this RCL form will suffice for all future semesters.)

□ Student will graduate at the end of this semester.

□ Student has a medical condition (attach documentation for a licensed doctor).

□ Student is taking classes at both MU and another school (attach a registration confirmation from the other school).

Academic adviser's signature ___________________________ Date __________________

Print name and title ___________________________

INTERNATIONAL STUDENT ADVISER AUTHORIZATION

Adviser ___________________________ Date ____________ □ Approved  □ Denied

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