Reduced Course Load (RCL) Authorization Request due to Completion of Degree (Last Semester)

**PART I: BIOGRAPHICAL DATA (To Be Completed by the Student)**

<table>
<thead>
<tr>
<th>FAMILY NAME:</th>
<th>FIRST/MIDDLE NAME:</th>
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<tr>
<th>SEVIS ID NUMBER:</th>
<th>SMU ID NUMBER:</th>
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<tr>
<th>CURRENT MAJOR LISTED ON I-20/DS-2019:</th>
<th>CURRENT PROGRAM END DATE:</th>
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**PART II: STUDENT CERTIFICATION OF UNDERSTANDING (To be Completed by the Student)**

Compliance Requirements:
- F-1/J-1 students are required to enroll full-time during fall and spring semesters
- Students may request an RCL for last semester, if they do not need to be enrolled full-time in their last semester to complete program (can only be granted once per degree level)
- The majority of courses left to complete must be “on-campus” courses (majority of classes cannot be online or hybrid)
- Students can only drop below full-time AFTER approval from the ISSS office
- Students that do NOT get an approval from ISSS office before dropping below full-time will be reported in SEVIS as being out of compliance and may be required to depart the country
- Students should be aware that they might need to consult other departments on campus to ensure that reducing enrollment will not affect their status, such as: Residential Life & Student Housing (if living on campus), academic department (if TA/RA), Student Financial Services/Bursar’s Office (scholarships).

I verify that the information on this form is true to the best of my knowledge. I am aware that if I do not receive approval from ISSS office before dropping below full-time, my SEVIS record will be update to reflect the violation of my record.

Student Signature: ___________________________ Date: ___________________________

**PART III: ACADEMIC ADVISOR OR DEPARTMENT CHAIR VERIFICATION**

ACADEMIC ADVISOR/DEPARTMENT CHAIR: Please complete Part II to determine student’s eligibility to drop below full-time enrollment for last semester. Note: Second to last semester is not the last semester.

STUDENT’S LAST SEMESTER:  
- SPRING  
- SUMMER  
- FALL  
OF YEAR: ___________________________

NUMBER OF CREDIT HOURS NEEDED TO COMPLETE DEGREE:

By signing below, I verify that the above-named student is in the last semester of their program and is enrolled for all the necessary courses needed to complete their program.

NAME OF ACADEMIC ADVISOR/DEPARTMENT CHAIR: ___________________________ SIGNATURE: ___________________________

E-MAIL & PHONE: ___________________________ DATE: ___________________________

ISSS Use Only  
☐ Reduced Hours in Term Activate

Processed By: ___________________________ Date: ___________________________