



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

PART I: BIOGRAPHICAL DATA (To Be Completed by the Student)	
FAMILY NAME:	FIRST/MIDDLE NAME:
SEVIS ID NUMBER:	SMU ID NUMBER:
CURRENT MAJOR LISTED ON I-20/DS-2019:	CURRENT PROGRAM END DATE:

PART II: STUDENT CERTIFICATION OF UNDERSTANDING (To be Completed by the Student)
<p>Compliance Requirements:</p> <ul style="list-style-type: none">• 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). <p><i>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.</i></p> <p>Student Signature: _____ Date: _____</p>

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: <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL OF YEAR: _____	
NUMBER OF CREDIT HOURS NEEDED TO COMPLETE DEGREE:	
<i>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.</i>	
NAME OF ACADEMIC ADVISOR/DEPARTMENT CHAIR:	SIGNATURE:
E-MAIL & PHONE:	DATE:

ISSS Use Only	<input type="checkbox"/> Reduced Hours in Term Activate	
	Processed By:	Date: