



Reduced Course-Load Authorization (RCL)

NAME _____
(Surname or Last) (Given or First)

SEMESTER AND YEAR _____, 20

After consultation with the student above, I recommend exception to the full-time credit load requirement based on the following criteria (check one):

- Student is compelled by illness or other medical condition to interrupt or reduce course of study.
 - Attach letter from a licensed doctor/physician/psychologist indicating length of time & recommended amount of courses (if any).
 - Letters must be written or translated into English and be on official letterhead.

- Student has difficulty understanding the English language or is unfamiliar with US teaching methods or reading requirements. (First semester only.)

Comments: _____

- Course is an improper level for the student.

Comments: _____

- Student will graduate on _____ and needs _____ credit hours to complete his/her coursework and satisfy degree requirements.

- The student is enrolled on a part-time basis, commutes to class from Canada, and plans to remain a part-time student for the duration of his/her program.

Academic Advisor/Medical Professional Signature

Date (MM/DD/YY)

Please return this form and any required supplemental documentation to:

Jessa Karki
Assistant Director, International Student Services
163 South Willard Street, P.O. Box 670
Burlington, VT 05402-0670
Phone: 1-802-865-6485; E-mail: jkarki@champlain.edu