



CHAMPLAIN COLLEGE

International Student Services

Reduced Course-Load Authorization (RCL)

Name:

(Surname or Last)

(Given or First)

Semester/Year:

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.
 - o Attach letter from a licensed doctor/physician/psychologist indicating length of time & recommended amount of courses (if any).
 - o 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 their 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 their program.

Academic Advisor/Medical Professional Signature

Date (MM/DD/YY)

Student should return the completed form to:

Office of International Student Services
163 South Willard St, PO Box 670, Burlington, VT 05401-0670
international@champlain.edu