Form ISSS-105, I-20 Request for Less Than Full-Time Enrollment Form



600 S. Clyde Morris Blvd. Daytona Beach, FL 32114-3900 Phone: (386)226-6579

DBISS@erau.edu

Reduced Course Load (RCL) Authorization Form

| Section 1: To Be Completed | d By Student | | | |
|---|--------------------------------|---------------------------------|----------|---------------|
| Family Name: | e: First: | | | |
| Student ID#: | 1 | elephone #: | | |
| Major: | Degree: | Anticipated Date of Completion: | | |
| Local Address: | | | | |
| (Street) | | (City) | (State) | (Zip Code) |
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| Note: Reduced Course Load ap RECORD IN SEVIS. Immigration | | | | ON A STUDENT' |
| understand that I cannot appl | y for multiple RCL with "To co | mplete course in current teri | m." | |
| Student's Name | Student Sign | ature | Date | |

IMPORTANT NOTE: Financial aid and scholarship awards are based on full-time attendance (undergraduate is 12 credits per semester/Graduate student is 9 credits per semester). Student not in full-time attendance will forfeit their financial aid assistance.

By **Immigration Law**, an international student must be full-time during each fall and spring semester. Permission to register for less than full-time should occur rarely in a student's career. Indicate below the reason why the student is unable to maintain full-time status. This form is to be endorsed by the academic advisor and forwarded to the International Student & Scholar Services Office.

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Section 2: To Be Completed By Student's Advisor

| Semester | Number of Credits of Registration | | | |
|---|---|-----------------------------|--|--|
| Is the student a flight student? YES / NO | | | | |
| Illness or medical condition (must submit offi | cial medical evaluation/letter). | | | |
| Improper course level placement (must have in the current term). | a letter from School Official who improperly e | enrolled student in classes | | |
| To complete course of study in current term (may only be applied ONCE ON A STUDENT'S RECOstudent's record). | | | | |
| ☐ Initial difficulty with reading requirements (o | nly in first semester). | | | |
| ☐ Initial difficulty with the English language (on | ly in first semester). | | | |
| Unfamiliarity with American teaching method | ds (only first semester). | | | |
| I thereby endorse and recommend less than full-requested. | time registration of enrollment for this studen | nt during the semester | | |
| Academic Advisor: | | | | |
| Print Name | Signature | Date | | |
| Phone Number: Student's Degree Completion Evaluation approved (contact Office of Registrar)? YES / NO | | | | |
| | | | | |
| Approved by International Student & Scholar Se | rvices Office Dat | ee | | |

Revised version: 9/17/2018