

SBCC International Student Support Program
Reduced Course Load Request
 for Degree or Certificate Program Completion

To be completed by Student

I have read and understand....

- I should register for 12 credits unless I receive confirmation from my International Advisor that reduced enrollment is approved.
- I am limited to one online class (no more than 3 credits) and must enroll in at least one in-person/hybrid.
- I must check with an Academic Counselor and my Advisor before making any changes to my class schedule during the semester.
- I must apply for an I-20 extension within 10 days if I do not pass any required courses for my program.
- After completing an associate degree or certificate, I have 60 days to depart from the U.S., apply for OPT, or transfer to another school.

Answer the following questions:

1. Are you enrolling in any online or work experience courses in your last semester at SBCC? _____
2. Will you be attending another U.S. college or university concurrently in your last semester at SBCC? _____
3. Have you taken classes at another college or university that will be used for your SBCC degree? _____
4. Do you want to attend SBCC for any reason after the term you are authorized for a reduced course load? _____
5. Are you applying to transfer to a U.S. university? _____ For which term do you plan to transfer? _____
6. Do you plan to apply for Optional Practical Training? _____

Student Signature _____ **Date** _____

SBCC International Student Support Program Reduced Course Load Request Form

Student Name: _____ KO _____ RCL Term _____

To be completed by Academic Counselor:

List the required courses to complete the degree or certificate and include a copy of the Degree/Certificate application.

General Education pattern: SBCC GE UC IGETC CSU IGETC CSU Breadth

The student will complete a Certificate/ A.A./A.S/AA-T/AS-T degree in _____ upon successful completion of the courses listed below.

List required courses only for certificate or degree :

Credits

Comments or Optional classes: _____

Counselor Name _____ Signature _____ Ext # _____ Date _____

Student:

Submit this form for approval to your International Advisor no later than the add/drop refund deadline.

To be completed by International Advisor.

RCL Request: Approved _____ Denied _____

Comments: _____

Advisor Signature _____ **Date** _____