



To submit "Final Term" RCL, email all required documents to icenter@umich.edu.
To submit academic or medical RCL requests visit the International Center website to schedule a meeting with an advisor.

LAST NAME:		FIRST NAME:	MIDDLE NAME:	UMID #:
DOB: (mm-dd-yyyy)	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	F-2 DEPENDENTS? (spouse or child) <input type="checkbox"/> YES If yes, how many? # _____ <input type="checkbox"/> NO		UNIQUENAME:
TELEPHONE:	DELIVERY METHOD: <input type="checkbox"/> PICK-UP <i>If someone else will pick up for you, their name _____</i> <input type="checkbox"/> SHIP <input type="checkbox"/> eShipGlobal <input type="checkbox"/> US Mail (not recommended)			SEVIS ID #: (top left of I-20) N

Important notes. Please read.

- Read the [Reduced Course Load](#) information on the IC website before completing this request form.
- Full time is 12 credits for undergraduate students, 8 credits for graduate students or 6 credits for graduate students with GSI/GSRA/GSSA 50% appointment.
- You must either be full-time enrolled or approved for RCL by the Drop/Add deadline set by the University Registrar each term.
- If you want to withdraw from a course which will cause you to be less than full time after the Drop/Add deadline, you must be approved for RCL before dropping the course.
- Failure to gain RCL approval will cause loss of F-1 status and termination of your SEVIS record.

Checklist of required documents (in pdf for online submission).

- A letter written by a licensed medical or osteopathic doctor or licensed clinical psychologist (for medical reasons) or by an academic advisor (final term & academic reasons) following the instructions on the [IC website](#).
- Print-out of electronic Most Recent I-94 or copy of paper I-94
- Copy of current I-20 page 1&2 (not including instruction page)
- Unofficial transcript printed from [Wolverine Access](#) (not official transcript)

Read the statement below, sign and date.

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I must have U-M approved health insurance for the duration of my F-1 status and that if I have any dependents, they too must have health insurance. I also understand that I must report address changes through Wolverine Access within 10 days of any change in current (U.S.) or permanent (out-of-U.S.) address.

Signature _____ Date _____

To be completed only by ISSA

- Academic term _____ Number of credits enrolled _____
- Check one reason for RCL and specify.
 - RCL for Academic Difficulties [8 CFR 214.2(f)(6)(iii)(A)] (Must be enrolled at least ½ time). (Specify.)
 - Initial difficulties with English language
 - Unfamiliarity with American teaching methods
 - Initial difficulties with reading requirements
 - Improper course placement
 - Medical Reasons [8 CFR 214.2(f)(6)(iii)(C)]
 - Completion of course of study [8 CFR 214.2(f)(6)(iii)(C)]
- Shorten Yes _____ mm/dd/yyyy No

ISSA initials: _____

Date: _____

International Center Use Only

Received

Initials:

Date:

Log In

ACTIVE

NOT ACTIVE

Initials:

Date: