

Reduced Course Load (RCL) Request Form

A reduced course load can be approved on the academic difficulty basis only once while pursuing a course of study at a particular program level. Use of an academic difficulty RCL does not affect eligibility for other RCLs.

PART I: TO BE COMPLETED BY STUDENT

Last/Family Name First Name			
Street address (number and name of street)	City	State	ZIP Code
JCCC ID #: SEVIS	ID#:	Date of Birth:	MM/DD/YYYY
			MM/DD/YYYY
Phone#:	JCCC email addres	s:	
I am requesting RCL for academic reason for	: 🖵 Fall 🔲 Spring 🔲 S	ummer Year:	
I hereby give permission for the information b	elow to be released to Johns	on County Community Col	llege.
Signature	Date		
PART II: TO BE COMPLETED BY JC	CC COUNSELOR		
The student named above has applied for rec of program of study.	duced course load due to one	of the academic difficultie	s listed below or completion
There are limited situations in which an interr only legally acceptable reasons; please chec		academic reduced course	load. Listed below are the
Student is having difficulty in their first o	r second semester with: *	*MUST keep 6 credit hours	s of enrollment.
English language* Reading requirements*			
American teaching methods*			
Improper course placement			
\Box Student will graduate at the end of this s	semester and needs to comp	ete credits.	
Counselor's Name:	Counselor's Signature:		
Extension #: Em	ail Address:		Date: