

# Request for Reduced Course Load



I wish to apply for:                      Temporary Reduced Course Load  
    Permanent Reduced Course Load  
    Fall, A Term                      Spring, C Term  
    Year 20 \_\_\_\_

Office of the Registrar  
100 Institute Road, Worcester, MA 01609  
Ph: (508)-831-5211  
Fax: (508)-831-5931

## Part I: Please Print:

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for request of a reduced course load (RCL):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note:** Students who have registered with the Office of Accessibility Services and have documentation that demonstrates that they have a disability under the American Disabilities Act or have a documented medical condition that may preclude them taking a normal course load of 6/3rds units per semester may qualify for a reduced course load. A reduced course load is defined as course registration of 4/3 units per semester. Normally, students will register for two 1/3 units per term. Registration may include one physical education course per semester. Students who are on a RCL are considered full-time students.

**Temporary RCLs** are in effect for **one semester only**. Students wishing to extend the RCL into the next semester must provide updated documentation from a licensed clinician to accompany the request for an RCL. Temporary RCL cannot exceed one academic year. Students who have been placed on a permanent reduced course load are not required to provide additional documentation by a clinician once the RCL has been approved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am responsible for contacting my major advisor or academic advising for advice on making appropriate schedule changes/course selection. I also understand that if I register for courses above the allowed limit for any semester, I will be financially responsible for the full-time cost of attendance.

## FOR OFFICE USE ONLY

### Part II: Approvals:

Office of Accessibility Services: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting Medical Documentation Provided                      Yes                      No

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_ Approved                      Denied                      (Circle)

Notify Bursar's Office: \_\_\_\_\_ Date: \_\_\_\_\_

Notify Financial Aid Office: \_\_\_\_\_ Date: \_\_\_\_\_