

Request for Reduced Course Load



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

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 Disability 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 Disability 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:** _____