CENTRAL
BAPTIST THEOLOGICAL SEMINARY

Request for Reduced Course Load

(정규수업 감소 신청서)

Student Information (학생정보)			
Last Name (성)	First Name (이름)	Middle Name	☐ Male(남) ☐ Female(여)
Student ID # (학생증 번호)	SEVIS ID# (SEVIS 번호)	Number of F2 Dependents (F2 명)	
Date of Birth (생년월일)	Degree Level (학위 수준)	Telephone (전화번호)	E-mail Address (이메일 주소)

IMPORTANT. PLEASE READ.	For more information on student responsibilities as a F-1 VISA student and regulations on governing your VISA status, please refer to Sec. 214.2(f)(6)(iii) at www.uscis.gov.

- If withdrawing from a course which causes you to be a part time student after the Add/Drop Deadline, you must be approved for RCL **BEFORE** dropping the course.
- Do not enroll for less than a full course load or drop below a full course load without prior approval form International Student and Scholar Services (ISSS).
- Read Sec. 214.2(f)(6)(iii) at http://www.uscis.gov/sites/default/files/ilink/docView/SLB/HTML/SLB/0-0-0-1/0-0-0-11261/0-0-0-17197/0-0-0-17636.html

- Failure to gain RCL approval will cause loss of F-1 status and termination of your SEVIS record.
- You are responsible for submitting a form for every semester you are under-enrolled.

Term for Reduced Course Load Request (수업감소신청 학기)			
Fall (가을학기) ☐	Spring (봄학기) ☐	Summer (여름학기) ☐	Year (년)

Reason for the Reduced Course Load Request (수업감소신청 사유)	
☐	**Academic Difficulties (학업상의 어려움)** *Authorized on one occasion (학위 과정당 단 한번의 기회만주어짐) ☐ Initial difficulties with the English Language or reading requirements (영어/독서 요구량) ☐ Unfamiliarity with the U.S. teaching methods (미국적 교수법) ☐ Improper course level placement (부적당한 과정수준입장)
☐	**Medical Reason (질병 또는 기타 의학적인 사유)** *A letter from the attending (licensed) medical doctor required attached to this form. (면허를 소지한 의사 소견서를 신청서와 같이 내세요)
☐	**Final Term (마지막 학기)** *Registering for online classes? (온라인수업을신청하실거입니까?) ☐ Yes (예) ☐ No (아니오)

I,_____ have read and understand Sec.214.2(f)(6)(iii) and the instructions on this form.
(학생이름)

Student Signature:_____ Date:_____
(학생 서명) (오늘날짜)

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Academic Advisor's Signature:_____ **Approved** ☐

PDSO or DSO Signature: _____ **Denied** ☐

Date Received: _____