



ISS Reduced Course Load (RCL) Authorization Request

To complete this form:

- Meet with Academic Advisor (UG) or Program Chair/Associate Chair (GR) to review academic impact of reduced course load and update academic plan
- Submit to Academic Advisor (UG) or Program Chair/Associate Chair (GR) for approval
- Submit completed form with academic program approval to ISS (iss@cca.edu), include supplemental information if required (see below)

STUDENT INFORMATION - Student complete the following:

Student Name CCA Email

Student ID# Program/Major Level UG GR

Do you have a CCA Scholarship?
 YES - I will contact Financial Aid (finacialaid@cca.edu) to review how RCL may affect my CCA scholarship award.
 NO

Do you live in CCA Housing?
 YES - I will contact Residential Education & Housing (housingdining@cca.edu) to review how RCL may affect my CCA housing.
 NO

REASON for **RCL** REQUEST?

Academic Difficulty RCL in Initial Academic Term – Student, Instructor, Academic Advisor (UG) or Program Chair/Associate Chair (GR): Complete the [Supplemental Form for Academic RCL](#) with academic approval and submit with this form.

Medical RCL – Student: Provide medical documentation from a medical doctor, doctor of osteopathy, or clinical psychologist licensed confirming the medical necessity of a reduced course load. Documentation must be in English, on official letterhead with original signature and submit with this form.

Final Semester RCL - Academic Advisor (UG) or Program Chair/Associate Chair (GR) complete the following:

Student has	units remaining to complete degree program requirements in			semester.
Internship required?	YES	NO		
If Yes, enrolled in the internship course?	YES	NO		
If Yes, completed all internship requirements?	YES	NO		

ACADEMIC REVIEW and APPROVAL - Academic Advisor (UG) or Program Chair/Associate Chair (GR) complete the following:

I have reviewed the academic implications of a reduced course load with this student and updated the academic plan accordingly.

RCL Semester **Number of Units for RCL Semester**

Academic Approver Name

Signature

Date