



Reduced Course Load (RCL) Authorization Request

- Complete this form. For medical or final semester RCL requests, this includes getting the signature of your program advisor (undergrads) or program manager (graduate students) on this form.
- Gather Additional Documentation, if required. For academic RCL requests, you must also complete the supplemental form and for medical RCL requests, you must also provide medical documentation (see below for more details).
- Meet with your program advisor (undergrads) or program manager (grads) to review the academic implications of taking a RCL and obtain their signature on this form (medical or final semester RCLs) or the Supplemental Form for Academic RCL Requests (academic RCL).
- Make an appointment with an ISAP advisor and turn in this form, along with any necessary supplemental documentation.

Name: _____ CCA Email: _____
 Student ID#: _____ Program: _____ Level: Graduate Undergraduate

RCL Semester: _____ Number of units during RCL Semester: _____

Do you have a CCA Scholarship? YES NO
If yes, check with the financial aid office about how an RCL will affect your scholarships.

Do you live in CCA Housing? YES NO
If Yes, contact Housing and Dining to see how an RCL might affect your housing.

Indicate the reason you are requesting a reduced course load:

Please note that academic and medical RCL requests both require documentation in addition to this form. Review the information for the type of RCL you are requesting for more details about what additional documentation is needed.

Academic: In addition to this form, you must also complete the Supplemental Form for Academic RCL Requests, available here: Be sure to obtain all required signatures on the supplemental form. You only need to complete the above portion of this form.

Medical: In addition to this form, you must also provide documentation from a medical doctor, doctor of osteopathy, or clinical psychologist licensed in the U.S. that confirms the medical necessity of a reduced course load. Documentation must be on official letterhead and have an original signature. Obtain required signature below as well.

Program advisor or program manager, please sign below to confirm that you have reviewed the academic implications of a reduced course load with this student.

Advisor Name: _____ Signature: _____ Date: ____ / ____ / _____

Final Semester: A Program Advisor or Program Manager should complete the following section.

The above student needs ____ units left to graduate and will complete all program requirements in _____.

Does this student's program have a required internship? YES NO
 If YES: has the student enrolled in the internship course? YES NO
 If YES: has the student completed all internship requirements? YES NO

Advisor Name: _____ Signature: _____ Date: ____ / ____ / _____