



**INTERNATIONAL STUDENT PROGRAM**  
**PETITION: REDUCED COURSE LOAD (RCL) – ACADEMIC COUNSELOR AUTHORIZATION**

☐ Fall      ☐ Spring      Year: \_\_\_\_\_

**WHAT IS A REDUCED COURSE LOAD?** Students can petition to enroll in classes less than full-time (i.e. take less than 12 units) if they are in the final semester of their degree program and need fewer than 12 units to graduate.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>COMPLETING FINAL SEMESTER</b>                                                                                                                                                                                                   |
| <div><input type="checkbox"/> Complete the "YOUR PERSONAL INFORMATION" section</div> <div><input type="checkbox"/> Request that your academic counselor complete the "ACADEMIC COUNSELOR AUTHORIZATION" section.</div> <div><input type="checkbox"/> Attach a recent Comprehensive Student Education Plan that shows less than 12 units are needed to complete your course of study (Certificate, Associate Degree, and/or University-Transfer).</div> <div><input type="checkbox"/> Submit petition to <a href="mailto:studentvisa@wlaac.edu">studentvisa@wlaac.edu</a> or International Student Program (SSB 410)</div> |                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"><li><b>IF DECLINED:</b> You will need to complete the semester with full-time enrollment.</li><li><b>IF APPROVED:</b> You will need to ensure you complete the minimum units approved.</li></ul> |

**Submit petition and supporting documents at least 5 business days before the drop deadline.**

*Note: Even with approval, you are subject to penalties for late drops (i.e. "W's" and tuition fees)*

| <b>YOUR PERSONAL INFORMATION</b> |  |  |  |                     |             |
|----------------------------------|--|--|--|---------------------|-------------|
| <b>LAST NAME</b>                 |  |  |  | <b>FIRST NAME</b>   |             |
| <b>DATE OF BIRTH</b>             |  |  |  | <b>LACCD ID #</b>   |             |
| <b>EMAIL</b>                     |  |  |  | <b>U.S. PHONE #</b> |             |
| <b>STUDENT SIGNATURE</b>         |  |  |  |                     | <b>DATE</b> |

| <b>ACADEMIC COUNSELOR AUTHORIZATION</b>                                                                                                                                                  |                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>To be completed by an academic counselor at West Los Angeles College</i>                                                                                                              |                                                                                                                                                                     |
| <b>NAME OF ACADEMIC COUNSELOR</b>                                                                                                                                                        |                                                                                                                                                                     |
| <b>STUDENT'S COURSE OF STUDY</b>                                                                                                                                                         | <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> University Transfer <input type="checkbox"/> Other: _____ |
| <b>HOW MANY UNITS DOES THIS STUDENT NEED TO COMPLETE THEIR COURSE OF STUDY?</b>                                                                                                          |                                                                                                                                                                     |
| I certify that the above mentioned student will be eligible to complete their course of study at the end of the current semester if they complete the number of credits indicated above. |                                                                                                                                                                     |
| <b>COUNSELOR SIGNATURE</b>                                                                                                                                                               |                                                                                                                                                                     |
| <b>DATE</b>                                                                                                                                                                              |                                                                                                                                                                     |

**Submit petition and supporting documents to [studentvisa@wlaac.edu](mailto:studentvisa@wlaac.edu) or International Student Program (SSB 410).**

*Allow 5 business days for processing. You will receive an email notification. Notifications will be sent to your LACCD student email account.*

| <b>INTERNATIONAL STUDENT PROGRAM OFFICE USE ONLY</b> |                                                                        |                                                               |       |
|------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|-------|
| <input type="checkbox"/> Denied                      | <input type="checkbox"/> Approved for Part Time (Entered in SEVIS) for | <input type="checkbox"/> Fall <input type="checkbox"/> Spring | YEAR: |
| <b>NOTES:</b>                                        |                                                                        |                                                               |       |
| <b>DSO SIGNATURE</b>                                 |                                                                        | <b>DATE</b>                                                   |       |