

Request for Reduced Course Load <Medical Reason>

All international students on F-1 and J-1 visas are required to enroll full time during Fall and Spring semesters. According to USCIS regulations, students can obtain authorization from International Student Advisors for exceptions for a specific term with a certain reason. Students who fail to obtain approval will be considered out of status and SEVIS records will be terminated, and will lose F-1 status and F-1 student benefits.

If you are requesting RCL due to medical reason, please submit this form with a copy of Titan Degree Audit (TDA) and necessary documents instructed below.

Student Information

LAST NAME:	FIRST NAME:
CWID:	MAJOR:
DEGREE: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	APPLYING SEMESTER & YEAR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year:
EMAIL:	UNIT ENROLLED:
Previous RCL – Medical Approval	
SEMESTER & YEAR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: <input type="checkbox"/> N/A	

Please submit this form with required medical document and a copy of Titan Degree Audit (TDA)

Medical Document: The letter must be an original signed letter on an official letterhead from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist substantiating the illness or medical condition with a specific semester and units recommended due to illness or medical condition.

Important Reminder:

1. A medical RCL cannot exceed 12 months per educational level.
2. If more than one semester, a separate RCL must be submitted for each semester.
3. ISS accepts the form provided by Student Wellness – Counseling and Psychological Services (CAPS) with a clinical psychologist’s approval.

Upon the submission of Reduced Course Load Form, additional documents may be required, such as Leave of Absence form or Withdrawal form. Please schedule an appointment with an international student advisor when submitting this form.

ISS Office Use Only: ISS Advisor’s Initials: _____ Date: _____ Approved Denied
Months approved for Med RCL including this semester: _____