Federal regulations require that international students must pursue a full-time course of study during mandatory terms. Under certain medical condition or illness, students may qualify for a reduced course load. According to 8 CFR (Code of Federal Regulations) §214.2(f)(6)(iii), the Designated School Official (DSO) may allow an F-1 student to engage in less than a full course of study.

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| **NOTICE TO STUDENTS** |
| * Students who take a reduced course load without approval will be considered out of status. * According to the regulations, the student must submit this written statement from a licensed medical doctor (MD), a Doctor of Osteopathy (DO), or Licensed Clinical Psychologist recommending the reduction in studies. No other medical or counseling professional is given the authority under the regulations to support a medical reduced course load request. * RCL for a medical condition can be granted for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. * The letter from the medical professional cannot be dated more than 30 days before the start of the term for which the RCL is requested and must recommend either that the student be part time or not enrolled due to medical circumstances. * Reduced course loads cannot be approved for a previous term. Please note that registration is not required in summer term, unless it is the student’s first or last term. Students who are approved to take a reduced course load are NOT eligible for CPT. * Submission of this form does ***NOT*** guarantee approval of a reduced course load. Therefore, the student must wait for the official approval of the request ***BEFORE*** dropping a course that will result in less than a full course load. * An incomplete form is subject to denial for the RCL. |

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| **SECTION A | STUDENT INFORMATION** | | |
| **Name:** | **SID#:** | **Program:** |
| **Telephone:** | **Email:** | |
| **Proposed Number of Units:** | **Term:** | **Year:** |

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| **SECTION B | STUDENT SIGNATURE** | | |
| I have read and understood the REDUCED COURSE LOAD policy. I agree to resume full course load in the next available mandatory term**.** I understand that if I do not resume a full course load, there will be consequences including, but not limited to, being administratively withdrawn and termination of my SEVIS record. I also agree to allow IAU to contact my doctor’s office to verify the validity of all documentation I submit regarding this request. If the documentation cannot be validated, I will not be eligible for a REDUCED COURSE LOAD. | **Student’s Signature** | **Date** |

***\*\*\* SECTIONS C & D MUST BE COMPLETED BY THE MEDICAL PROFESSIONAL \*\*\****

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| **SECTION C | DOCTOR’S RECOMMENDATION** |
| **I am (check ONE):**   Medical Doctor (MD)  Doctor of Osteopathy (DO)  Licensed Clinical Psychologist |
| **I recommend (check ONE):**   ¾ course reduction  ½ course reduction  Full course reduction  Other: units |
| **I recommend a reduced course load from (can be indicated on note):** Start Date:  to End Date: |
| I enclosed a letter recommending a reduced course load on the basis of a medical condition for which the student has received care.  I acknowledge that by filling out this form, IAU will contact me to verify the validity of all documentation submitted by the student. |
| **Recommendations (please summarize here and submit an additional separate note):** |

***\*\*\* CONTINUED ON NEXT PAGE \*\*\****

*Please affix the business card from the licensed medical doctor (MD), Doctor of Osteopathy (DO), or Licensed Clinical Psychologist recommending the reduction in studies. Make sure the license # is visible and legible.*

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| **SECTION D | MEDICAL PROFESSIONAL’S CERTIFICATION** | | | |
| **Medical Professional’s Signature** | | **Date** | |
| ***\*\*\* OFFICE USE ONLY \*\*\**** | | | |
| **SECTION E | CERTIFICATION** | | | |
| **Approved**  **Denied** | **DSO’s Signature/Date** | | **Advisor’s Signature/Date** |

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