



Reduced Course Load Authorization for Medical Reasons

International Student and Scholar Services

300 College Park, Rike Center #204

Dayton, OH 45469-1701

Ph: (937) 229-2748 • Fax: (937) 229-2766

WHAT IS A REDUCED COURSE LOAD (RCL)?

International (F1 and J1) students must enroll in a full course load during every Fall and Spring semester. Before dropping below full-time enrollment, F1 and J1 international students must receive prior approval from ISSS. This is done through requesting a reduced course load. **Authorization is not automatic and approval is not guaranteed.**

Dropping below full-time enrollment without FIRST obtaining authorization from ISSS will result in the termination of the student's immigration status, which could have serious consequences for the student's ability to stay in the U.S.

REASONS FOR A REDUCED COURSE LOAD

Immigration regulations only allow international students to drop below full time under specific, limited circumstances. One of the following four categories must apply:

A. RCL for Academic Difficulty

Note: can only be used once per degree level. Must still enroll in at least half the minimum credits for your level (6 credits for undergraduates, 3 credits for graduate students).

- You are having initial difficulties with the English language and/or with reading requirements.
- You are experiencing unfamiliarity with American teaching methods.
- You have been improperly placed in a course level that is too high.

B. RCL for Final Term

Note: can only be used once per degree level. You are in the final term before graduation and less than a full course load is required to complete your degree.

C. RCL for Thesis

You are a graduate student who has completed all required coursework and is now engaged in research related to thesis or dissertation.

- In addition to ISSS approval, you must also enroll in dissertation credit through your department **OR** complete the *Graduate Student Certification Form* in order to maintain your enrollment status with the university. Download this certification form on Porches → Graduate School → Graduate Forms.

D. RCL for Medical Reason

You have a valid medical reason for taking less than a full course load (medical statement required from licensed medical doctor or clinical psychologist). *Maximum total period of Reduced Course Load allowed for this reason is 12 months cumulatively.*

APPLICATION PROCESS

If requesting an RCL for reasons A, B or C above, please submit our academic [RCL Request Form](#).

If you are requesting an RCL for Medical Reason:

1. Bring this form to your doctor, and discuss whether it is in your best interest to continue studying part-time or take a complete withdrawal from classes due to your medical condition.
2. Ask your doctor to complete Part B on the back of this sheet.
3. Then, schedule an appointment with an ISSS advisor.

Do not drop below full time until you have received approval from ISSS. *If your request is approved*, the ISSS advisor will update your SEVIS record with authorization for a reduced course load. This results in an updated I-20 which you should keep for your records. (Note: ISSS is not responsible for any fees or financial penalties resulting from dropped courses.)



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Date _____

PART A: TO BE COMPLETED BY STUDENT

Family Name _____ First Name _____

Student ID _____ SEVIS ID: N00 _____

U.S. Address _____
Street name and number City State Zip Code Phone

Name of Academic Advisor _____

PART B: TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL

In general terms, please describe the nature of the medical condition:

How long will this condition persist? _____

For which semester(s) is the student requesting a reduced course load?

Fall, 201__ Spring, 201__ Summer, 201__

I recommend:

- 1. A reduced course load.** Student will take at least half of a full course load (half = 6 credits for undergraduates, 3* credits for graduates); **OR**
- 2. No courses.** Student will not enroll for any courses.

By signing below, I affirm:

- *I am a licensed medical professional;*
- *The aforementioned student is under my care; and*
- *The student's medical condition necessitates a reduced course load.*

Name _____

Signature _____

Date _____

Medical Professional: Please attach a business card with this form or include your business address and phone number below.

Phone: _____

Address: _____

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ISSM		RCL Banner	