Academic Reduced Course Load Request Form for Medical Reasons

In general, permission to register for less than full-time should rarely occur in a student’s career. According to immigration regulations, the foreign student (F-1, J-1) should be full-time during each session. RCLs for medical conditions can be granted for no more than 12 months in the aggregate during any one course of study. RCL authorizations for medical reasons must be approved prior to the reduction in course load. The rule also requires the DSO to reauthorize the RCL each new term or session.

1. To be completed by the student

Family name: ___________________________ First name: ___________________________
Telephone: ___________________________ Email address: ___________________________
I-20 end date: ___________________________ Session for Reduced Course Load: __________
KSU ID: ___________________________ Signature: ___________________________

The present condition must be substantiated by “medical documentation from a licensed medical doctor, doctor of osteopathy, or clinical psychologist.” We will also approve documentation from the KSU Counseling Center. It is at the discretion of the DSO to request additional documentation and or documents from a doctor in the United States. In addition, a DSO may desire to contact the student’s doctor for additional information. The student is authorizing all of the above by signing this document.

2. To be completed by the Medical Professional (attach necessary documentation).

Professional’s signature: ___________________________ Printed name: ___________________________
Contact Number and/or email: ___________________________ Date: __________
Estimated length of recovery time required: ___________________________
General plan of action for student’s recovery: ___________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. To be completed by IEP DSO

Final term for completion of the student’s degree program: ___________________________
Will this RCL result in delay in program completion? ______ If yes, explain below ______ NO
Other Comments: ___________________________
____________________________________________________________________________________
____________________________________________________________________________________
DSO Approval: ___________________________ Date: ___________________________