



REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD BASED ON ILLNESS/MEDICAL CONDITION

US Citizenship & Immigration Services (USCIS) regulations require that F-1 visa international students register for *and complete* a full-time course load each regular semester. Under the law, “full-time study” for an undergraduate student is defined as 12 credits. There are a very limited number of exceptions to the full-time requirement: academic difficulty (for new students only), illness or medical condition, and completion of study in the current term. Permission to pursue a reduced course load, or to drop below full-time, must be requested in advance and granted by the Designated School Official (DSO)/the International Student Advisor. A student who drops below a full course of study without prior approval of the DSO will be considered out of status.

Student Name: _____ Student ID: _____
Major: _____ Circle Degree Level: Bachelor’s Master’s
Phone: _____ E-mail: _____

This form is for use in documenting a reduced course load based on illness or medical condition.

Please read the essential information listed below and sign on the back page to indicate your agreement.

- A reduced course load based on illness/medical condition may involve part-time enrollment (no minimum number of credits) or no enrollment at all
- Include the semester and year for which you are requesting RCL
- Diagnosis of condition/illness
- Statement that your diagnosis warrants part-time
- A reduced course load based on illness/medical condition cannot be approved without documentation (usually a letter, official stationery) from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.
- The letter must be original (ink) signature of the doctor (no photocopies or electronic signatures) and must clearly state that the medical practitioner *recommends* either part-time or no enrollment, based on the medical condition for which the student is being treated.
- If the request is approved, the student must resume a full course of study in the next available semester (excluding summer).
- During any one program of study, a student may not be approved for more than 12 months of reduced course load based on illness/medical condition.

For signature by the student:

I have read the information on the previous page and understand my legal obligations. In particular, I understand that this is a one-time authorization. For this request, I have attached the necessary documentation from my medical practitioner.

I am requesting a reduced course load for the following semester: _____

Print name: _____

Date: _____

Signature: _____

Please return this form with documentation to International Services, MSC 207)

If you have questions or concerns, please call (203) 837-3270, or email warnerd@wcsu.edu.

Authorized in SEVIS _____

DSO Signature _____