

Medical Reduced Course Load (RCL) Request Form

- This form is to be used to ask a RCL for a medical condition or illness, either physical or mental health.
- The recommendation must be from a medical doctor, licensed clinical psychologist, or doctor of osteopathy.
- This form is due to CIE by the third Friday of the quarter and before you drop below full-time.
- Medical RCL can't be approved for more than a cumulative period of 12 months (4 quarters) per degree level.
- RCL approval is given for only one quarter at a time. Continuing health issues will need a new RCL each quarter.
- Based on 8 CFR 214.2 (f)(6)(iii)(B) and standard practice, CIE does not consider a normal pregnancy/delivery to be a medical condition that warrants a RCL authorization. If a student has a medical complication resulting from an otherwise normal pregnancy or delivery, student must provide written medical documentation, which must include: "Other than a normal pregnancy/delivery, [name of student] has a medical condition which precludes her from taking a full course load in [x] quarter." Documentation that does not include this language will not be accepted.

Student Section

Student's First/Last Name: _____ UW ID# _____

I have read and understand the instructions and immigration regulations provided on this form.

Student's Signature: _____ Date: _____

Recommendation from a Licensed Medical Doctor, Clinical Psychologist or Doctor of Osteopathy

Federal law requires international students on an F-1 visa to take a full course load during their studies in the U.S. This is 12 credits for undergraduates and 10 credits for graduate students. However, regulations can allow a student to take less than a full time course load for medical condition reasons. In such a case, the student must have support documents signed by a medical doctor or licensed psychologist that documents the condition. UW Bothell asks for your assistance in this matter. **If upon evaluation of the student, you can confirm that the student's academic performance is negatively impacted by a medical condition (physical or psychological), please confirm that you recommend a reduced course load for that reason by:**

1) Select one of the following for your recommendation:

Recommend a reduced course load. Student should only take _____ credits for,
 Autumn Winter Spring Summer Year _____

Recommend withdrawal from all courses for:
 Autumn Winter Spring Summer Year _____

2) Letter of support. The letter must recommend that the student be allowed to drop below a full course load based on the medical condition, however details about the condition is not required to be provided. The letter must be printed on letterhead with original signature and current date.

Name: _____ Signature: _____

Credential and Title: _____

I am a: Licensed Medical Doctor Clinical Psychologist Doctor of Osteopathy

Facility: _____

Email: _____ Phone: _____ Date: _____