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.

<table>
<thead>
<tr>
<th>Student Section</th>
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<tbody>
<tr>
<td>Student’s First/Last Name: ___________________________ UW ID#: ___________________</td>
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<tr>
<td>I have read and understand the instructions and immigration regulations provided on this form. Student’s Signature: ___________________________ Date: ___________________</td>
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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: ___________