Reduced Course Load (RCL) Request—Medical

Immigration regulations require students in F-1 status to be enrolled full-time or an authorized equivalent every fall and spring semester of their program in order to maintain valid status unless they are eligible and authorized for an academic or medical Reduced Course Load (RCL).

**Undergraduate Student:** Minimum of 12 credit hours of undergraduate course work each semester required for full-time enrollment

**Graduate Student:** Usually a minimum of 5 credit hours but will depend on your graduate status and level of course enrollment. Graduate School rules for full-time status apply.

Medical Reduced Course Load (RCL)

ISSS may authorize a reduced course load or, if necessary, no course load, due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months per academic degree level. Medical RCLs can only be authorized one semester at a time. If a student would like to request a medical RCL for more than one semester, s/he must submit an updated request each semester and ISSS must reauthorize the medical RCL. The medical RCL must be approved by ISSS prior to a student reducing his/her course load.

Requesting a Medical Reduced Course Load (RCL)

To substantiate the illness/medical condition, the regulations require student’s requesting a medical RCL to submit documentation from one of the following U.S.-licensed medical practitioners:

- U.S.-licensed Medical Doctor (MD);
- U.S.-licensed Doctor of Osteopathy (DO); or
- U.S.-licensed Clinical Psychologist (CP).

A letter from a practitioner other than one of the medical professionals noted above or a medical practitioner who is not licensed in the U.S. is not sufficient for the purposes of complying with the federal regulations.

**Letter Requirements**

In order for ISSS to authorize a reduced course load for medical reasons, ISSS must receive a letter from a U.S.-licensed medical professional as noted above that specifically documents the medical issue. The documentation must be submitted to ISSS and approved by ISSS before a student can drop below full-time for a medical reason:

- Letter from a licensed U.S. medical doctor, doctor of osteopathy, or licensed clinical psychologist addressing the medical need for the RCL.
  - Letter must be **printed on clinic/health care facility letterhead**;
  - Letter should indicate the student’s full name; the illness/medical condition and how it impacts the student; the duration or treatment/recovery; the impact on the student’s ability to maintain full-time enrollment; a recommendation for a reduced course load or no course enrollment; the basis of the recommendation, and the requested start date (month/day/year of the reduced course load);
  - Letter must specifically **indicate the qualifying medical professional's title** (e.g., medical doctor, doctor of osteopathy, or licensed clinical psychologist)
  - Letter must include an **original signature** from the licensed medical doctor; doctor of osteopathy, or licensed clinical psychologist recommending the medical RCL

*** A template for the medical RCL recommendation letter appears on page 2 of this handout. ***
Medical RCL Recommendation Letter Template

To the Medical Provider:

Please type a letter documenting the medical condition that necessitates the student taking a medical reduced course load using the template below and print on your practice’s or organization’s letterhead.

- The letter must be signed by a U-S.-licensed Medical Doctor, Doctor of Osteopathy, or Clinical Psychologist.

Please provide the letter to the student (to submit to ISSS) or submit the letter directly to ISSS:

- ISSS, 123 UCB, Boulder, CO 80309-0123
- Fax: 303-492-5185

Date:

To Whom it May Concern:

I hereby verify that I am treating [student’s full name] for the following medical condition: [Please briefly describe the medical condition].

This medical condition or treatment will affect the student physically or mentally by [Please briefly describe the impact on the student].

The students’ need for treatment and recuperation time is estimated to take [Please estimate the time needed in days/weeks/months. An estimated range of time is fine. It is understood that it is not possible to make an exact determination].

The student’s medical condition will affect his/her ability to be registered as a fulltime student because [Please describe how the medical condition impacts the student’s academic success].

[Indicate one or the other statements as follows:] " I recommend the student take a reduced course load this semester." OR "I recommend that the student take no courses this semester."

I base my recommendation on [Please briefly describe how you determined that the student would benefit from a reduced course load].

The anticipated start date of the recommended reduced course load is [Please indicate month, day, and year].

Sincerely,

[Sign Your Name]
Print Your Name
Your Full Medical Title
Your Affiliation/Practice/Facility and Address
Your Telephone (direct line please)
Your Email Address