

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]**