


MEDICAL REDUCED COURSE LOAD (MRCL)

The U.S. Citizenship and Immigration Services (USCIS) require non-immigrant students to register full-time during the academic year. See [Registration Requirements](http://international.oregonstate.edu/ois/registration-requirements) on our website (<http://international.oregonstate.edu/ois/registration-requirements>). In the case of a serious medical condition, a student may not be capable of full-time enrollment. To comply with USCIS regulations, a student's medical condition must be substantiated by a licensed medical doctor or licensed clinical psychologist before an International Student Advisor can approve a reduced course load. The student must also demonstrate to the International Student Advisor that he or she is seeking treatment for the condition. Please complete the form below and return it to the Office of International Services (OIS) by the last week of the term. **Note:** Approval must be renewed *each* term if the condition persists beyond one academic term.

PART I (to be completed by the student):

Last name (family) _____ First name (given) _____
 Student ID _____ Phone _____ Email _____

Current U.S. Address: Go to <https://ipconnect.oregonstate.edu> Click on  Select biographical information, then Local U.S. Address E-Form. * You are required to report your address to SEVIS to maintain your immigration status.

Degree Level (circle) INTO OSU Bachelor's Master's PhD **Major** _____

Term for which this form applies (circle) Fall Winter Spring Summer 20_____

I (*name of student*) _____ authorize Dr. _____ to release medical information which pertains to my ability to enroll full-time to the Office of International Services at Oregon State University.

Sponsor students only:* I understand that I must obtain approval from my sponsor **prior to reducing my course load and any financial or other sponsorship consequences are my responsibility. *Under the terms of our agreement with sponsors, OSU is required to provide enrollment information to sponsors.

**INTO OSU students:* An approved MRCL does not guarantee refund or deferral of fees paid or incurred. For request of refund or deferral, please complete a finance appeal form. Please reference your MRCL as supporting information in your appeal.

Student Signature: _____ **Date:** _____

PART II (to be completed by the treating licensed medical doctor or licensed psychologist):

Your signature below certifies that this student has sought treatment for a condition which impedes his/her ability to enroll full-time. **Please note that a request of zero credits is permitted only in extreme circumstances, as it could affect student's ability to maintain health insurance and continue treatment.**

Date(s) seen regarding this condition: _____

The student's condition necessitates: (check one) Part-time enrollment Withdrawal from the term (zero credits)

Comments: _____

Signature of M.D., D.O. or Licensed Psychologist* _____ Printed Name _____ Date _____

Business phone _____ Name of clinic/hospital where employed _____

*Federal law requires that only a licensed medical doctor or licensed psychologist substantiate a student's medical condition

*INTO OSU Academic Support/PW Advisor Signature: _____ Date _____