

REDUCED COURSE LOAD (RCL) FOR MEDICAL REASONS

The U.S. Citizenship and Immigration Services (USCIS) require non-immigrant students to register full-time during the academic year. (See [Registration Requirements](http://oregonstate.edu/international/atosu/students/current/registration) on our website: <http://oregonstate.edu/international/atosu/students/current/registration>)


In the case of a serious medical condition, a student may not be capable of full-time enrollment. In order 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. Students are allowed up to four (4) terms of Medical RCL throughout their entire degree.

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_____

My illness would allow me to take only the following number of credits this term (_____) ***required**

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.

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

The student above has requested an exception to full-time enrollment for the term indicated above based on a medical condition. The student is requesting to retain ONLY the number of credits listed above. Your signature below certifies that this student has sought treatment for a condition which impedes his/her ability to enroll full-time.

Date(s) seen regarding this condition: _____

How long has this condition existed? How long will this condition last? _____

Comments:

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.

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

PART III (to be completed ONLY by sponsored students only):

As a sponsored student, your sponsor requires you to maintain a certain minimum number of credits (typically 15 for As a sponsored student, your sponsor requires you to maintain a certain minimum number of credits (typically 15 for undergraduates, 9 for graduates) and does not permit you to withdraw from courses after the 100% refund deadline in Week 1. Under the terms of agreement with your sponsor, OSU is obligated to notify your sponsor regarding your registration status, including reduced course loads, dropping courses, or withdrawing from the university. This may have adverse consequences on your sponsorship funding including a deduction of your stipend/salary or a discontinuation of your scholarship by your sponsor. If you are dropping any courses after Week 1 your sponsor may not cover the costs for tuition and fees for the courses which you drop or withdraw. Should this occur, you will be required to pay any outstanding balances on your student account including tuition and fees normally covered by your sponsor.

I have read the above and understand that my sponsor will be notified of the change in my registration/enrollment status. I also understand that I am responsible for payment of any tuition and fees as well as outstanding balances on my account not paid by my sponsor due to this change.

Student's signature _____ Date _____

Office of International Services use only

RCL - Medical Reasons: Approved Denied OIS initials _____ Date RCL entered into SEVIS _____