



Academic Reduced Course Load Request Form for Medical Reasons

In general, permission to register for less than full-time should rarely occur in a student's career. According to immigration regulations, the foreign student (F-1, J-1) should be full-time during each session. RCLs for medical conditions can be granted for no more than 12 months in the aggregate during any one course of study. RCL authorizations for medical reasons must be approved prior to the reduction in course load. The rule also requires the DSO to reauthorize the RCL each new term or session.

1. To be completed by the student

Family name: _____ First name: _____
Telephone: _____ Email address: _____
I-20 end date: _____ Session for Reduced Course Load: _____
KSU ID: _____ Signature: _____

The present condition must be substantiated by "medical documentation from a licensed medical doctor, doctor of osteopathy, or clinical psychologist." **We will also approve documentation from the KSU Counseling Center.** It is at the discretion of the DSO to request additional documentation and or documents from a doctor in the United States. In addition, a DSO may desire to contact the student's doctor for additional information. The student is authorizing all of the above by signing this document.

2. To be completed by the Medical Professional (attach necessary documentation).

Professional's signature: _____ Printed name: _____
Contact Number and/or email: _____ Date: _____
Estimated length of recovery time required: _____
General plan of action for student's recovery: _____

3. To be completed by IEP DSO

Final term for completion of the student's degree program: _____
Will this RCL result in delay in program completion? _____ If yes, explain below _____ NO
Other Comments: _____

DSO Approval: _____ Date: _____