



EAST CENTRAL UNIVERSITY
Request for Reduced Course Load: Medical Reasons

Reduced Course Load (RCL) for Medical Conditions: pursuant to 8 C.F.R. § 214.2(f)(6)(iii)(B)

A reduced course load (or, if necessary, no course load) may be authorized due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while they are pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the Designated School Official (DSO) in order to substantiate the illness or medical condition. The student must provide current medical documentation for each new semester. *Note: A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized to reduce his or her course load on any subsequent occasions while pursuing the same degree program.* A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.

Note: This form must be completed and signed by a licensed physician or licensed clinical psychologist. This form must be submitted prior to dropping below full-time enrollment (12 or 9 semester hours/semester as applicable). A new form must be submitted each semester. **IMPORTANT: I understand that in order to receive the Non-resident Tuition Waiver I am responsible for contacting the Financial Aid Director (Admin. RM 101), to advise of my reduced course load and request an exception as I will not be enrolled a full 12 hours (undergrad) or 9 hours (graduate). Furthermore, I understand that if approved for a RCL, I am responsible for dropping my courses (as recommended by my physician and approved by the DSO/Int'l Director) and will be responsible for all grades assigned to courses I neglect to drop. Students will not be refunded for courses dropped after the Drop Date as listed on the Admissions and Records website.**

To be completed by student:

Last Name: _____ First Name: _____ M.I. _____ Date of Birth: _____

Student ID #: _____ Classification: _____ Major: _____ 1st of enrollment to ECU: _____

Phone: _____ E-mail Address: _____

Local U.S. Physical Address:

I _____, verify that the above information is correct to the best of my knowledge. I am aware that it is my responsibility to consult with other university offices to ensure that dropping below full-time enrollment (12 or 9 semester hours/semester as applicable) will not affect my academic, scholarship or other status as an ECU student.

Student signature: _____ Date: _____

To be completed by licensed physician or licensed clinical psychologist:

Provider's Name: _____ Practice/Specialty: _____

Address:

Patient's Name: _____ Diagnosis: _____

Date of diagnosis: _____

How many total credit hours (can be 0) are you recommending the student take during their leave (average course is equal to 3 credit hrs.)? _____

Length of time (in days or months) for which the student is required to take less than a full course load: _____

Beginning Date: _____ Ending Date: _____

 Licensed Physician's/Psychologist's Signature Date

License Number: _____ Date of Expiration: _____

For office use only:

Approved Not Approved Additional Information Needed: _____

Number of Reduced Hours: _____

 Print Name of DSO- ECU

 Signature of DSO

 Date