International Student Programs and Services Office
1100 E 14th St, PMB E-1, Ada, OK 74820
Phone: 580-559-5669 Fax: 580-559-5755

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)
According to the Student Exchange Visitor Program (SEVP), 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.

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 per degree level applicability). 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.*** *Per ECU policy, students will not be refunded for courses dropped after the Drop Date.*

Notes: The international student insurance is only available to enrolled students. Therefore, if you're approved for a total reduced course load, then you'll want to look into an alternative insurance during the time off. Lastly, taking a reduced course load will put you behind on graduation; therefore, it is your responsibility to request a SEVIS extension should your SEVIS program end date indicate that you're graduating soon. Extensions cannot be completed after the program end date, and would require you to file for reinstatement to return to active status.

To be completed by student:

Last Name: _____ First Name: _____ Date of Birth: _____

Student ID #: _____ Classification: _____ Major: _____

Phone: _____ E-mail Address: _____

Do you also need a SEVIS extension? (*SEVIS extensions can occur if your program end date is within the next year.*): ☐ Yes ☐ No

My signature is an attestation that the above information is correct, and I agree to the stipulations stated herein, as well as those required by SEVP.

Student signature: _____ Date: _____

To be completed by licensed physician or licensed clinical psychologist:

Provider's Name: _____ Practice/Specialty: _____

Medical Facility Name & Address:
_____

Patient's 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: _____

License Number: _____ Date of Expiration: _____

Licensed Physician's/Psychologist's Signature: _____ Date: _____

For office use only:

☐ RCL Approved ☐ RCL Denied Number of Reduced Hours: _____ SEVIS Extension Approved ☐Yes ☐ No ☐ N/A

_____ _____ _____
Print Name of DSO- ECU Signature of DSO Date