

## Reduced Course Load (Medical Condition)

International students are allowed to register for less than a full course load (undergraduate: 12 credits, graduate: 9 credits) anytime during their program of study for a maximum duration of 12 months if they are experiencing a temporary illness. **A medical physician or a licensed clinical psychologist must provide an official letter of recommendation on company letterhead in addition to completing this form.** *Regulation Source: 8 C.F.R. § 214.2(f)(6)(iii)(B)*

### Part A: To be completed by the Student

Last Name	First Name	WOU student ID #
Date of Birth (month/day/year)	Major	Degree Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Phone Number	E-mail Address	
U.S. Address (street, apt number, city, state, zip)		
Course Name and # of Credits Requesting to drop due to medical reason		Anticipated Duration of Medical Leave
First Term of Requested for RCL: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		
<b>Student Signature:</b> _____ <b>Date:</b> _____		

Note: This form and letter are only good for 1 term and must be redone if the medical leave needs to be extended.

### Part B: To be completed by Physician or Clinical Psychologist

I am eligible to advocate for this student because I am a  physician OR  clinical psychologist

- Attach an official letter of recommendation to this form (must include students name, the length of time/dates and how many credits is recommended during the reduced course load) and sign below.

**I recommend that the student named above be allowed to register for less than a full course of study, during the term requested above, due to a medical condition.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Please return this form to the address at the bottom of this form or return it to student who can bring the documents to the OIED office on campus.**

Notes:

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**For OIED office use only:**

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| <input type="checkbox"/> Date stamp                                | <input type="checkbox"/> SPACMNT                               |
| <input type="checkbox"/> Approved by International Student Advisor | <input type="checkbox"/> Approval e-mail sent (CC: OIED staff) |
| <input type="checkbox"/> Denied by International Student Advisor   | <input type="checkbox"/> SEVIS updated                         |
|  | <input type="checkbox"/> OIED DB updated                       |

Advisor/DSO Signature : \_\_\_\_\_ Date: \_\_\_\_\_