



**Western Oregon University
Reduced Course Load (RCL):
Students with a 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)		
Credits and Courses 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: _____		
Student Signature: _____ Date: _____		

Part B: To be completed by Physician or Clinical Psychologist

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

Attach an official letter of recommendation to this form (including the length of time recommended for a reduced course load) and sign below.

I recommend that the student described 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 ISSA office using the address at the bottom of this form or return it to student who can bring the documents to the ISSA office on campus. .

Notes:

For ISSA office use only:

- | | |
|--|--|
| <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: ISSA staff) |
| <input type="checkbox"/> Denied by International Student Advisor | <input type="checkbox"/> SEVIS updated |
| | <input type="checkbox"/> ISSA DB updated |

Advisor/DSO Signature : _____ Date: _____