



International Student Services

Reduced Course Load (RCL) – Medical Condition – 8 C.F.R. §214.2(f)(6)(iii)(B)

Federal regulations require that F-1 students register for and complete a full course of study during each academic term. Exceptions to fulltime enrollment are limited by regulations and include medical incapacity. In order to comply with these regulations, a student's medical condition must be substantiated by a licensed medical doctor or licensed clinical psychologist before the International Student Advisor can approve a reduced course load and enter the data in SEVIS.

Approval must be renewed each term if the condition persists beyond one academic term. Students are allowed up to 365 days of Medical RCL throughout their entire degree.

To the student:

To document a medical reason for enrolling less than full-time, provide the following information and additional details as necessary. Attach the note from your doctor or psychologist and have them complete the section below.

Student Name _____ College ID number _____

Residence Hall and Room # or off-campus address _____

Phone # _____ Email _____

Class Year – (Fr, So, Jr, Sr) _____ School term for which RCL is requested _____

I am unable to enroll full-time (or continue full-time enrollment) due to a medical condition. I request a waiver from the full-time enrollment requirement for the following reasons: *(Describe the condition or symptoms that prevent full-time enrollment.)*

I (name of student) _____ authorize Dr. _____ to release medical information which pertains to my ability to enroll full-time to the International Student Advisor at Pomona College

Student's Signature _____ Date _____

To the medical practitioner:

This student has stated that he/she is not able attend full-time academic courses due to a medical condition. Federal regulations require that the reasons for a reduced course load be documented. **Please provide a letter/note describing the student's condition or symptoms that hinder school attendance.** In addition, please complete the appropriate statement below to specify whether the student is able to take a reduced course load or should take no classes at all.

I verify that I hold the following license: MD DO LCP Specialization: _____

Date(s) seen regarding this condition: _____

Comments/Prognosis: _____

Level of school participation recommended: Student should take a reduced course load. Student should take no classes.

This recommendation applies from _____ to _____.
Date Date

Physician's name (printed)

Physician's signature

Date