

International Student and Scholar Services ♦ Florida International University

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REQUEST FOR REDUCED COURSE LOAD (RCL) DUE TO MEDICAL CONDITION

I. To be completed by student (Please PRINT):

Last Name First Name Panther ID#

Program Level:
 Bachelor's Master's Doctorate Other (Specify)_____

Email Phone #

I initially registered for a full-time course load but I am now requesting approval for:

_____ reduced course load _____ no course load

due to a medical condition preventing me from assuming a full-time course load. Attached to this request is **a letter from my U.S.-based AND U.S.-licensed medical doctor or clinical psychologist concerning the medical condition and his/her recommendation.**

I understand that I cannot reduce my course load until I obtain authorization from ISSS. I understand that should I be approved for this semester, the approval is valid only for the current semester. Should my medical condition continue, I will need to submit (1) a new request for the subsequent semester and (2) new and current documentation from my medical doctor, doctor of osteopathy or clinical psychologist.

I also confirm that I am aware that all approvals for reduced course load due to a medical condition cannot exceed an aggregate total of 12 months for the duration of my current academic program.

I attest that my medical condition documented herein, is true and valid.

Student's Signature Date

II. To be completed by ISSS Advisor (Designated School Official)

In accordance with 8 CFR 214.2(f)(6)(iii)(B):

_____ *Student's request is APPROVED for ___reduced course load ___no course load. This approval will be reported in SEVIS.*

_____ *Student's request is DENIED. He/She must remain registered for a full-time course load to remain in compliance with immigration regulations.*

NOTES: _____

ISSS Advisor/DSO Signature Date