



OFFICE OF GLOBAL AFFAIRS

**F-1 and J-1 Student Medical Documentation Form for Reduced Course Load (RCL) Request**

**Overview for Student and Medical Provider:** With few exceptions, U.S. federal regulations (8 C.F.R. § 214.2(f)(6)) require F-1 and J-1 students to maintain full-time enrollment during the school year. Full-time enrollment is defined as a minimum of twelve (12) credit hours for undergraduate students and nine (9) credit hours for graduate students. If an illness or medical condition prevents you from taking a full course load, International Student Services (ISS) may, at its discretion, authorize a reduced course load (RCL), or, if necessary, no course load, on a semester-by-semester basis. (8 CFR. § 214.2 (f)(6)(iii)(B)).

**Important Reminders for the Student:** You must request and obtain approval from ISS for medical RCL **before** you reduce your course load. If the duration of your illness or medical condition is longer than one semester, you must re-apply **each** additional semester for continued RCL. A medical RCL may not exceed a combined total of 12 months total per degree level. If you drop below a full course of study without prior approval by ISS, you will be considered out of status and may need to depart the US.

**Important Note to Students Who Are Pregnant:** A normal pregnancy/delivery in and of itself cannot be considered an illness or medical condition warranting a reduced course load. If you are having a normal pregnancy or delivery with no other medical complications, ISS will not authorize the RCL.

**To be completed by the Licensed Medical Doctor, Doctor of Osteopathy, Licensed Clinical Psychologist, or Psychiatrist:** The international student in your care requests authorization to engage in less than a full course load due to an illness or medical condition. Federal law requires the student to provide our office with documentation from you that substantiates this request. Please fill out the information below and return this form to the student. If you prefer, these details or additional details may be provided in a letter on office letterhead.

Full name of student/patient (printed): \_\_\_\_\_

Is this student/patient experiencing an illness or medical condition that precludes him or her from engaging in a full course of study? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

You may provide specifics at your patient’s discretion and in compliance with HIPAA privacy laws that govern your practice:  
\_\_\_\_\_  
\_\_\_\_\_

If **YES** to the above, please specify the number of course hours that you would recommend the student taking due to the aforementioned illness/medical condition **or** check that you would not recommend any courses:

# of course hours recommended that the student maintain \_\_\_\_\_ No courses at all \_\_\_\_\_

Please specify the academic semester (ex: “Spring 2023”) for which you recommend a reduced or no course load due to this illness/medical condition \_\_\_\_\_

Your name and original signature, date, and license (ex. MD, DO, licensed clinical psychologist, Psychiatrist) attesting that the information is true and correct to the best of your knowledge:

\_\_\_\_\_  
(Printed Name) (Signature) (License) (Date)

Your practice address: \_\_\_\_\_

Your practice phone number: \_\_\_\_\_

**If you should have any questions, please contact us at the information provided below.**

**INTERNATIONAL STUDENTS SERVICES**

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