

Request for a Medical Reduced Courseload

Please carefully read the entire form. Complete Section A. Show this form to your doctor and obtain a letter that meets the list of requirements in section B. Submit completed form and your doctor's letter to the ISS before you reduce your course load.

Please take note:

- You must request and obtain approval from the ISS for a medical Reduced Course Load (RCL) **BEFORE** you reduce your course load.
- If your illness or medical condition is longer than one semester, you must re-apply each fall or spring semester for continued RCL. Summer is not a required term and does not require a medical RCL.
- Medical RCL may not exceed 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.
- Students may apply for a medical reduced load at anytime during the semester, if necessary. Students will need to follow Queens College academic policies and work with their advisor and the ISS to adjust their schedule if needed.
- **IMPORTANT NOTE TO STUDENTS WHO ARE PREGNANT:** A normal pregnancy/delivery is not a medical condition that qualifies for a medical reduced course load under immigration rules. If you are having a normal pregnancy or delivery with no other medical complications, ISS cannot authorize a medical RCL. If you have a medical complication or condition outside of a normal pregnancy or delivery for which you are seeking medical RCL, you must provide a letter from your doctor as described in section B of this form, taking care to ensure that your doctor includes the pregnancy-specific statement listed.

Section A: To be completed by Student

Request for: FALL or SPRING semester 20____.
Please circle one year

Family name: _____

CUNY ID #: _____

First/Given name: _____

E-mail address: _____

Phone #: (_____) _____

Please select the appropriate box for your current academic

level: Undergraduate Graduate

After submission of this form, please allow 3-5 business days to process your request. **UNTIL YOU RECEIVE WRITTEN (E-MAIL) APPROVAL, YOU SHOULD REMAIN ENROLLED IN A FULL COURSE OF STUDY.**

Verification of Understanding: *I acknowledge that by submitting this form I have read the medical reduced course load information. I understand that there is no guarantee that my request will be approved. Until I have been granted permission, it is my responsibility to maintain a full course of study. I realize that failure to do so will jeopardize my legal F-1 status.*

Signature: _____ **Date:** ____/____/____
Month Day Year

Section B: To licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist/psychiatrist

The international student in your care requests authorization to engage in less than a full course load due to a temporary illness or medical condition. **Federal immigration law requires the student to provide written documentation from you that substantiates this request.**

Please provide the student with written documentation, on your original letterhead, that includes all of the following information:

- Name of student/patient
- Statement indicating that due to the student’s current temporary illness or medical condition and how it precludes him or her from engaging in a full course load
- Whether you recommend the student to take a reduced course load, or no courses at all due to this condition
- The specific semester (ex: “Spring 2019”) for which you recommend a reduced or no course load due to this condition
- A normal pregnancy/delivery is not a medical condition that qualifies for a medical reduced course load under immigration rules. **If** the student is pregnant and is experiencing a medical complication or condition outside of normal pregnancy or delivery, please include the following statement: “Outside of a normal pregnancy/delivery, [name of student] has a medical condition which precludes her from taking a full course load in [x] semester.”
- Your original signature and date. The letter must be signed by the MD, OD, or Psychologist/Psychiatrist.
- Your practice address and phone number

Section C: To be completed by ISS

For ISSO use only:

Medical Reduced Courseload: Approved Not approved

Advisor: _____ Date: _____ Student notified of decision on _____ (date)