

Medical Reduced Course Load

Federal regulations for F-1 student enrollment in the U.S. require students be registered and complete a full course of study each term. Exceptions to this requirement are limited and may include medical incapacity. In accordance with Federal Regulations 8 C.F.R. 214.2(f)(6)(iii)(B), to authorize a reduced course load due to a medical condition, the student must submit current documentation from a licensed U.S. medical doctor, a doctor of osteopathy, a licensed psychologist, or a licensed clinical psychologist to substantiate the illness or medical condition.

DEFINITIONS:

- Undergraduate: Full time enrollment means at least 12 units, with only one online class per semester.
- Graduate: Full time enrollment means at least 9 units, with enrollment in both session 1 and session 2. Only one online class can count towards full-time enrollment.

ELIGIBILITY

- A student may be enrolled in 0 to fewer than full-time units during an approved medical reduced course load.
- The student must be in continuous treatment with a qualified U.S. medical practitioner.
- A letter from the U.S. medical practitioner must be submitted:
 - The letter must be on official letterhead, dated, and signed by a licensed U.S. medical doctor, a doctor of osteopathy, a licensed psychologist, or a licensed clinical psychologist.
 - It must specify the exact dates recommended for the medical reduced course load.
- The student must intend to resume their program at the University of La Verne in a future semester.
- A student may not exceed a total of 12 months of medical reduced course loads per degree level and academic program.

HOW TO APPLY:

- A student must complete the Medical Reduced Course Load Form (second page) and provide a doctor's note. The form can be emailed to ISSA at international@laverne.edu or dropped off at the office (Ludwick Center, Suite 213).
- A student cannot drop courses until the Medical Reduced Course Load is approved by ISSA and updated on the student's SEVIS record.
- Once approved, the student will be issued a new I-20. The student is eligible for a Medical Reduced Course Load for the dates stated on the I-20.

UNIVERSITY STUDENT HEALTH INSURANCE

A student must be enrolled in at least 1 unit to be eligible for the Student Health Insurance policy through the University of La Verne. For questions regarding SHIP, visit <https://laverne.edu/health/health-insurance-requirement-policy/> or studenthealthcenter@laverne.edu.

Medical Reduced Course Load Form

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Student Information	
Last Name: _____	First Name: _____
Student ID: _____	Date of Birth: _____
Semester of Requested RCL: <input type="checkbox"/> Spring <input type="checkbox"/> Fall	Year: _____
Have you filed a medical RCL before: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you file: _____
How many units (0-12) are you registering in during your medical RCL? _____	
I am unable to enroll full-time due to an illness or medical condition. I request a waiver from the full-time enrollment for the dates stated below. I understand that a reduced course load due to a medical condition cannot exceed a total of more than 12 months at each degree level. I authorize the medical professional below to release the following information to ISSA.	
Student's Signature: _____	Date: _____
Completed by Medical Professional	
The student has stated that they are unable to attend full-time academic courses due to an illness or medical condition. Please substantiate the student's medical condition by completing the questions below. When attaching a physician's note, ensure it includes a recommendation on whether the student should take a reduced course load or refrain from enrolling in classes entirely. The note must be on official letterhead from the provider's practice or institution and must also include the provider's full title, license number, and signature.	
Does the medical condition prevent the student from enrolling full-time in the current term? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This recommendation applies from dates: ____/____/____ to ____/____/____	
By signing this form, I recommend a reduced academic course load due to the student's medical condition:	
Signature: _____	License Number: _____
Print Name: _____	Title: _____
Hospital/Clinic Address: _____	
Phone Number: _____	Date: _____