



Reduced Course Load (RCL) Authorization Request due to Medical Reasons

PART I: BIOGRAPHICAL DATA (To Be Completed by the Student)	
FAMILY NAME:	FIRST/MIDDLE NAME:
SEVIS ID NUMBER:	SMU ID NUMBER:
CURRENT MAJOR LISTED ON I-20/DS-2019:	CURRENT PROGRAM END DATE:

PART II: STUDENT CERTIFICATION OF UNDERSTANDING (To be Completed by the Student)
<p>Compliance Requirements:</p> <ul style="list-style-type: none"> F-1/J-1 students are required to enroll full-time during fall and spring semesters Students may request an RCL for medical reasons ONLY if recommended by a U.S. licensed medical doctor, doctor of osteopathy, or a licensed clinical psychologist Students can only drop below full-time AFTER approval from the ISSS office and SMU Health Center An RCL for medical reasons can excuse students from all classes, if recommended by licensed physician An RCL for medical reasons may be granted for a total of no more than 12 months per degree level Students that do NOT get an approval from ISSS office before dropping below full-time will be reported in SEVIS as being out of compliance and may be required to depart the country Students should be aware that they might need to consult other departments on campus to ensure that reducing enrollment will not affect their status, such as: Residential Life & Student Housing (if living on campus), academic department (if TA/RA), Student Financial Services/Bursar's Office (scholarships). <p><i>I verify that the information on this form is true to the best of my knowledge. I am aware that if I do not receive approval from ISSS office before dropping below full-time, my SEVIS record will be update to reflect the violation of my record.</i></p> <p>Student Signature: _____ Date: _____</p>

PART III: CERTIFICATION OF UNDERSTANDING (To be Completed by U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist)	
<p>The above-named student is in the U.S. on an F-1 or J-1 visa. F-1/J-1 students must be enrolled full-time enrollment every fall and spring semesters, unless officially authorized. <u>Please complete this section of the form in order to recommend a reduced course for medical reasons and attach a letter (on letterhead) explaining the illness or medical condition that prevents full-time enrollment.</u></p>	
<p>Recommended Term for RCL: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall of year: _____</p>	
<p>Recommended hours student should be enrolled: <input type="checkbox"/> 9 credit hours <input type="checkbox"/> 6 credit hours <input type="checkbox"/> 3 credit hours <input type="checkbox"/> 0 credit hours</p>	
<p>I verify that I hold the following title: <input type="checkbox"/> Licensed Medical Doctor <input type="checkbox"/> Doctor of Osteopathy <input type="checkbox"/> Licensed Clinical Psychologist</p>	
<p><i>By signing below, I endorse and recommend that the above-named student be granted permission to enroll for less than full-time for the reason indicated in my letter attached.</i></p>	
NAME OF U.S. PHYSICIAN:	E-MAIL:
SIGNATURE:	PHONE:
	DATE:

PART IV: SMU HEALTH CENTER APPROVAL	
NAME OF HEALTH CENTER REPRESENTATIVE:	E-MAIL & PHONE:
SIGNATURE:	DATE:

ISSS Use Only	<input type="checkbox"/> Reduced Hours in Term Activate	
	Processed by: _____	Date: _____