Bemidji State University
International Program Center

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Reduced Course Load (RCL)

Name_____ TECH ID_____ MAJOR_____
Anticipated Graduation Date_____ Semester and Year ☐ Fall 20___ ☐ Spring 20___

This form is used for an F-1 (international) student having specified initial academic difficulties, a temporary illness or medical condition, or needing fewer courses than a full course load in his/her last term to complete the program of study. The form must be signed by academic advisor AND International student advisor (Designated School Official-DSO).

Exception: *Signature from academic adviser is not needed in case of illness or medical condition*

Full Course of Study: Undergraduate: at least 12 credits/semester; Graduate: at least 9 credits/semester

Students must check only one box for their request:

Reasons	**Guidelines**
Academic Difficulties, including: ☐ Improper course level placement ☐ Initial difficulty with reading requirements ☐ Initial difficulty with the English language ☐ Unfamiliarity with U.S. teaching methods	Can only be used for the **initial academic term (not "academic year")** Must maintain a minimum six-credit course load (undergrad), or five-credit course load (graduate) Student must begin a full course of study at the next offered term
To Complete Course of Study In Current Term ☐ Last semester to complete program of study ☐ Graduate student working on thesis but otherwise completed all other program requirements (second to last semester)	Used in a student's final term if he/she can complete the program with fewer classes Student must be enrolled in at least one on-campus required class RCL start and end dates must correspond to the school session start and end dates RCL start dates may be backdated, if necessary Program end-date will be shortened to reflect the actual graduation date

I am aware of the circumstances described above and have reviewed the education implications for this student:

Signature (Academic Advisor, Dept. Chair, SRC):	**Signature (Designated School Official):**
Print name:	**Print name:**
Title:	**Title:**
Date:	**Date:** **Date entered in SEVIS:**

Name_____ TECH ID_____ MAJOR_____
Anticipated Graduation Date_____ Semester and Year ☐ Fall 20___ ☐ Spring 20___

Reasons	Guidelines
☐ **Illness or Medical Condition**	Cannot exceed 12 month aggregate per program level May excuse a student from all classes • Student must provide medical documentation from a licensed Medical Doctor • Doctor of Osteopathy • Clinical Psychologist DSO must renew the RCL each term, based on new or continuing medical information May be used nonstop or at different times during a program level *Academic Advisor's signature is not required.*

Information for the Licensed Medical Professional

The student _____ is an international student at Bemidji State University who is in the US on an F-1 visa. As a condition of entry into and presence in the US, the student is required to maintain a full course load of classes. In certain documented circumstances, an international student may remain in the US without this requirement. This student is seeking a Reduced Course Load for a medical condition and "must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the university official to substantiate the illness or medical condition" to receive the authorization. The student can reduce enrollment down to zero credit hours if it is deemed medically necessary.

For HIPAA reasons we do not ask for medical information but do request your signature on the certification below. If the student permits, the inclusion any documentation of the medical condition is welcome, however it is not required.

Certification
I, _____, certify that I am a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist/physician in the state of_____.

I certify that it is necessary for _____ to be released from enrollment requirements due to a medical condition. He/she is recommended to take _____ credit hours for the time period listed below.

Date student should be released from studies: _____
Date student should be able to resume studies: _____

I am aware of the circumstances described above and have reviewed the education implications for this student:

Signature (licensed clinical psychologist/physician)	**Signature (Designated School Official):**
Print name:	**Print name:**
Title:	**Title:**
Organization:	
Date:	**Date:** **Date entered in SEVIS:**

Original regulation for reference purpose only: Code of Federal Regulations 214.2(f)(6)(iii)(B)
(B) Medical conditions. The DSO may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course of study each new term, session, or semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce his or her course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.