

Reduced Course Load For Medical Reason F-1 Students

Medical Reduced Course Load (RCL): Jackson College, International Student Institute (ISI), 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 per academic degree level. Medical RCLs can only be authorized one semester at a time. If a student would like to request a medical RCL for more than one semester, s/he must submit an updated request each semester and Jackson College must reauthorize the medical RCL. The medical RCL must be approved by the Jackson College ISI prior to a student reducing his/her course load.

In requesting a Medical Reduced Course Load (RCL) to substantiate the illness/medical condition, the regulations require student's requesting a medical RCL to submit documentation from one of the following U.S.-licensed medical practitioners:

- U.S.-licensed Medical Doctor (MD);
- U.S.-licensed Doctor of Osteopathy (DO); or
- U.S.-licensed Clinical Psychologist (CP).

Letter Requirements:

In order for the Jackson College ISI to authorize a reduced course load for medical reasons, the ISI must receive a letter from a U.S.-licensed medical professional as noted above that specifically documents the medical issue.

The documentation must be submitted to the ISU and approved by the ISI before a student can drop below full-time for a medical reason:

- Letter from a licensed U.S. medical doctor, doctor of osteopathy, or licensed clinical psychologist addressing the medical need for the RCL.
- Letter must be printed on clinic/health care facility letterhead
- Letter should indicate the student's full name; the illness/ medical condition and how it impacts the student; the duration or treatment/recovery; the impact on the student's ability to maintain full-time enrollment; a recommendation for a reduced course load or no course enrollment; the basis of the recommendation, and the requested start date (month/day/year of the reduced course load);
- Letter must specifically indicate the qualifying medical professional's title (e.g., medical doctor, doctor of osteopathy, or licensed clinical psychologist)
- Letter must include an original signature from the licensed medical doctor; doctor of osteopathy, or licensed clinical psychologist recommending the medical RCL
- The letter from the medical provider cannot be dated more than 30 days before the start of the term for which the RCL is requested.

- Reduced course load requests must be made each semester even for the same illness. The student must provide current medical documentation and the DSO must authorize the drop below full time for each new semester.
- Reduced course load does not need to be requested for summer semester unless this is the first semester the student is attending.
- Students should fully complete the **Reduced Course Load Request Form** in addition to the other requirements for medical reduced course load.

***** A template for the medical RCL recommendation letter appears on the last page of this handout. *****

8CFR214.2(f)(6)(iii)(B) (B) Medical conditions. The Designated School Official 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 a 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.

Medical RCL Recommendation Letter Template

To the Medical Provider:

Please type a letter documenting the medical condition that necessitates the student taking a medical reduced course load using the template below and print on your practice's or organization's letterhead.

- The letter must be signed by a U.S.-licensed Medical Doctor, Doctor of Osteopathy, or Clinical Psychologist. Please provide the letter to the student (to submit to international@jccmi.edu or [Jackson College International Secure Documents](#))

Date:

To Whom it May Concern: Jackson College International Student Institute

I hereby verify that I am treating [student's full name] for the following medical condition:[Please briefly describe the medical condition.].

This medical condition or treatment will affect the student physically or mentally by [Please briefly describe the impact on the student.].

The students' need for treatment and recuperation time is estimated to take [Please estimate the time needed in days/weeks/months. An estimated range of time is fine. It is understood that it is not possible to make an exact determination.].

The student's medical condition will affect his/her ability to be registered as a fulltime student because [Please describe how the medical condition impacts the student's academic success.]. [Indicate one or the other statements as follows:] "I recommend the student take a reduced course load this semester." OR "I recommend that the student take no courses this semester."

I base my recommendation on [Please briefly describe how you determined that the student would benefit from a reduced course load.].

The anticipated start date of the recommended reduced course load is [Please indicate month, day, and year].

Sincerely,

[Sign Your Name Print Your Name Your Full Medical Title Your Affiliation/Practice/Facility and Address
Your Telephone (direct line please) Your Email Address]