



## REDUCED COURSE LOAD (RCL) DUE TO MEDICAL CONDITION

Per Code of Federal Regulations 214.2(f)(6)(iii)(C), in order to receive reduced course load approval, student must provide medical documentation from a **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist**, to the Office of International program to substantiate the illness or medical condition. A reduced course load or withdrawal from SF State due to a medical condition cannot exceed a total of more than 12 months (Summer session is not included). The student is required to have SF State sponsored health insurance while he/she is taking RCL due to medical condition.

STUDENT INFORMATION					
Last Name:				First Name:	
SF State ID:				SEVIS ID:	
Phone:				SF State Email:	@mail.sfsu.edu
RCL Semester:	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<b>Year</b>		
Have you purchased SF State sponsored health insurance for the semester you will take RCL? You must have insurance coverage in order to get approval for RCL.					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that I must register in the number of units indicated below before submitting this request to OIP.</b>					
<b>Student's Signature:</b>				<b>Date:</b>	
RECOMMENDATION FROM M.D./D.O./LICENSED CLINICAL PSYCHOLOGIST					
<b>Please substantiate the student's illness or medical condition:</b>					
Does the medical condition prevent the student from enrolling full time in the current semester?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many units (0-12) do you recommend the student take in the semester?					<input style="border: 2px solid black;" type="text"/> Units
<b>I recommend a reduced academic course load due to the student's current medical condition.</b>					
<b>Signature of the M.D./D.O./Licensed Clinical psychologist:</b>					
<b>Print Name and Title:</b>					
<b>Hospital/Clinic Address:</b>	<b>Address Line 1</b>				
	<b>Address Line 2</b>				
	<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>Phone:</b>				<b>Date:</b>	
OIP USE ONLY					
<input type="checkbox"/> Approved <input type="checkbox"/> Incomplete <input type="checkbox"/> Denied	<b>By:</b>		<b>Date:</b>		<b>Notes:</b>