



Reduced Course Load (RCL) Due to Medical Condition Form

Per Code of Federal Regulations 62.23(e)(2), a student wishing to drop below full-time enrollment due to a medical condition must provide a written statement from a physician requiring or recommending an interruption or reduction in studies. Students wishing to receive RCL Due to Medical Condition should complete the below form and email it as an attachment to exchange@sfsu.edu.

Student Information

Form with fields for Last Name, First Name, SF State Student ID, SEVIS ID, Phone, SF State Email, and Semester of Requested RCL.

By signing this form, I confirm that I have read the RCL Due to Medical Condition information on https://oip.sfsu.edu/maintaining-status. I understand that I must purchase SF State approved health insurance before submitting my RCL form to OIP. I understand that I must register for no fewer than the number of units indicated below if my RCL is approved. I authorize the medical professional below to release the below information to OIP.

Student Signature and Date fields

Recommendation From M.D./D.O./Licensed Clinical Psychologist

Please substantiate the student's medical condition:

Does the Medical Condition Prevent the student from enrolling full time in the current semester? Yes/No

If yes, how many units (0-12) do you recommend the student take in the semester? Units Total

By signing this form, I recommend a reduced academic course load due to the student's current medical condition:

Signature of the M.D./D.O./Licensed Clinical Psychologist

Print Name and Title

Hospital/ Clinic Address, City, State, Zip Code

Phone Number, Date

OIP Office Use Only

Date received, Processed Date, Processed By, Scanned By