

Office of International Affairs
International Student & Scholar Services

Campus Box A005/185 P.O Box 173364 1380 Lawrence Street, Suite 932 Denver, CO 80217-3364

Office: 303.315.2230 Fax: 303.315.2246

www.ucdenver.edu/international

Medical Reduced Course Load (RCL) Information

Immigration law requires that international students admitted to the U.S. on a student visa pursue a full-time course of study during every academic session or semester except during official school breaks, or unless approved under a specific exception, in advance. Under some circumstances, medical conditions can qualify a student for a reduced course load.

Medical Conditions, as defined in 8 CFR 214.2 (f)(6)(iii) (B) and 22 C.F.R. § 62.23(e)(2).

A Designated School Official (DSO) may authorize a reduced course load due to a student's temporary illness or medical condition for a period of time not to exceed a total of 12 months while the student is pursuing a course of study. The student will need to submit a written statement from from a licensed medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist requiring the reduction in studies and recommending how many credits the student should be able to take.

A student may be authorized for a reduced course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study at the same program level so long as the aggregate period does not exceed 12 months.

Students should *not* drop below full-time before getting approval from a DSO in International Student & Scholar Services.

Sample wording for a signed and dated letter from your doctor or licensed psychologist.

on office letterhead or with an official stamp:

(Student Name) is undergoing treatment for an illness or medical condition.

Due to the condition for which I am treating (*Student Name*), it is my professional recommendation that (*Student Name*) take a reduced course load.

I understand that (*Student Name*) is in the U.S. on a student visa, and as such is required to be a full-time student. Because of their medical condition, I recommend that (*Student Name*) enroll less than full-time this semester.

(Provider	Signature)	

Provider Name

Professional Title (Licensed Medical Doctor, Doctor of Osteopathy, Licensed Psychologist)