

## Additional Information Required: Medical Reduced Course Load (RCL)

### Reduced Course Load (RCL) Request— Medical

ISSS 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 ISSS must reauthorize the medical RCL. The medical RCL must be approved by ISSS *prior* to a student reducing his/her course load.

#### 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).

A letter from a practitioner other than one of the medical professionals noted above or a medical practitioner who is not licensed in the U.S. is not sufficient for the purposes of complying with the federal regulations.

#### Letter Requirements

In order for ISSS to authorize a reduced course load for medical reasons, ISSS 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 ISSS and approved by ISSS 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

**\*\*\* A template for the medical RCL recommendation letter appears on page 2 of this handout. \*\*\***

**Additional Information Required:  
Medical Reduced Course Load (RCL)**

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 ISSS)

Date:

To Whom it May Concern:

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.]***.

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]***