

General Information:

An F-1 student with documented medical conditions may be permitted to take either a reduced course load or no courses at all. To request this, you must provide medical documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist. If you have already had 12 months or more of reduced course load for medical reasons, you are not allowed additional part-time study based on a medical condition until advancing to the next program level. In addition, authorization for one semester does not automatically carry over to the next. You must request a reduced course load each semester as needed.

*****NOTE: Full-time enrollment is required for scholarships to post even if a Medical RCL is approved*****

To Be Filled Out By Student:

Student Name: _____ LU ID: _____

Email Address: _____ Cell Phone Number: _____

Current Level: ____ Institute ____ Bachelor's ____ Master's ____ Doctorate

Current Degree Program: _____

Semester you wish to Reduce Course Load (RCL): ____ Fall ____ Spring 20____ Year

Please check below

- I confirm that I am in need of a reduced course-load for medical reasons (Medical RCL). I understand that if I am granted a Medical RCL, it is for one semester only and that I must re-apply for any additional fall or spring semesters that may be applicable.

Signature of student _____

To be completed by a Physician:

Name: _____

Name of Clinic: _____

Clinic address: _____ State: _____ Zip: _____

Clinic Phone number of attending Physician: _____

Instructions to attending physician:

You have been given this form by an international student studying at Liberty University on F-1 (Student) Visa Status. Federal regulations enforced by the U.S. Citizenship and Immigration Services determine when an international student may drop below full-time enrollment due to medical issues.

According to Code of Federal Regulations Title 8 Part 214.2:

"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 Designated School Official to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course of study each new term, session, or semester."

Please provide a letter on official letterhead, recommending either non-enrollment for the specified semester or a reduced (less than full-time) course load for the semester.

Please complete only one of the statements below as applicable:

- I declare that _____ is unable to participate in class as a full-time student for the Fall/Spring (circle one) ____ (year) due to medical reasons.
- I declare that _____ is unable to attend class as a full-time student but will be able to maintain a part-time academic load (less than 12 semester hours) for the Fall/Spring (circle one) ____ (year) due to medical reasons.

Signature _____ Date ____/____/____

Student must bring this completed form along with letter on official letterhead from the provider's office to the International Student Office at Liberty:

Office of International Student Services
Liberty University
1971 University Blvd
Lynchburg, VA 24515
Phone (434) 592-4118
Fax (434) 582-2969
mystatus@liberty.edu