

LIBERTY

UNIVERSITY

INTERNATIONAL
STUDENT CENTER

Medical Reduced Course Load (RCL) Form

General Information:

An F-1 student with documented medical or mental health conditions may be permitted to take either a reduced course load or no courses at all. To request this, you must provide documentation from a licensed medical doctor, doctor of osteopathy, or mental health professional. If you have already had 12 months or more of reduced course load for medical or mental health reasons, you are not allowed additional part-time study based on a medical or mental health 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 or mental health 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 or mental health professional:

Name: _____

Name of practice: _____

Practice address: _____ State: _____ Zip: _____

Practice phone number of physician or mental health professional: _____

Instructions to physician or mental health professional:

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 or mental health 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 for the Fall/Spring (circle one) ____ (year) due to medical or mental health reasons. Part-time means that Undergraduate students must be enrolled at least **6 residential credit hours** and Graduate students in at least **3 residential credit hours**.

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:

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