



# ITU

**International Technological University**

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## Reduced Course Load (RCL) Request Form

### Due to Medical Condition-Form B

### F-1 Students Only

Students with an F-1 visa are required to be registered as a full-time (9 credit hour) every term. Failure to register and maintain full-time enrollment will result in the termination of your F-1 visa. A student may not drop or withdraw from a course until authorized to do so by ISO, as this may result in direct violation of the F-1 visa regulation. **Authorization is not automatic and not every student is eligible for a reduced course load.**

Medical RCL (completed by student). A student must apply for an RCL if, due to a temporary illness or medical condition, s/he is unable to enroll full time. **The student must provide a letter from a United States licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist** on a letterhead corroborating the illness or medical condition, and recommending that the student be either part time or not enrolled due to medical circumstances. **The letter must have been issued no earlier than 30 days before the start of the term for which the RCL is requested.** Reduced course load for health reasons may be approved; the authorization period cannot exceed an aggregate of 12 months per program level § Sec. 214.2(f). Approval for reduced enrollment will be given for one trimester at a time by a DSO. Students with an on-going medical condition must submit a new request form for each additional term. Return the RCL form with the letter to ISO. An academic advisor signature is not required for medical reduced course load.

#### Application Process:

1. Meet with an International Student Advisor to determine your eligibility for RCL.
2. Complete the student section of this RCL request form and submit the request form to ISO along with the medical documentation.
3. If your request is approved, you will receive a confirmation with additional information.

#### Student Information:

First & Last Name:	Student ID:
Email Address:	SEVIS ID:
Phone Number:	Academic Program:

Indicate the term and year for which you are requesting a reduced course load:

Spring  Summer  Fall Year: \_\_\_\_\_

Indicate the number of credits you will be taking during the reduced course load: \_\_\_\_\_  
(Students may be eligible to take less than nine (9) credit hours)

**I have read and understood the conditions for an academic reduced course load from International Technological University as stated on this form. I understand that I am responsible for all academic and financial bearings that will result in my withdrawal of the course(s).**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

*Administrative Use Only:*

Int'l Student Office: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_