

## MEDICAL REDUCED COURSE LOAD (MRCL)

The U.S. Citizenship and Immigration Services (USCIS) require non-immigrant students to register full-time during the academic year. In the case of a serious medical condition, a student may not be capable of full-time enrollment. To comply with USCIS regulations, a student's medical condition must be substantiated by a **licensed medical doctor or clinical psychologist/psychiatrist** before an International Student Advisor (DSO) can approve a reduced course load. Students must demonstrate to the DSO that they are seeking treatment. **Please complete the form below and email it to: [internationaladmissions@linnbenton.edu](mailto:internationaladmissions@linnbenton.edu)** by the last week of the term. **Note:** Approval must be renewed *each* term if the condition persists beyond one academic term. Students are allowed a total of 4 terms of approval per degree level.

### PART I (to be completed by the student):

Last name (family): \_\_\_\_\_ First name (given): \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Major: \_\_\_\_\_ E-mail: \_\_\_\_\_

Term for which this form applies (circle)    Fall                  Winter                  Spring                  Summer                  20\_\_\_\_\_

I (*name of student*) \_\_\_\_\_ authorize Dr. \_\_\_\_\_ to release medical information which pertains to my ability to enroll full-time to the International Programs office at LBCC. \*Sponsor students only: I understand that I must obtain approval from my sponsor **prior** to reducing my course load and any financial or other sponsorship consequences are my responsibility. LBCC is required to provide enrollment information to sponsors.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART II (to be completed by the treating licensed medical doctor or licensed psychologist):

Your signature certifies that the student has sought treatment for a condition which impedes their ability to enroll full-time. **Please note:** a request for zero credits is permitted only in extreme circumstances, as it may affect student's ability to maintain health insurance and continue treatment.

Date(s) seen for condition: \_\_\_\_\_

Student's condition warrants: (please check one)     Part-time enrollment     Withdrawal from term (zero credits)

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

\_\_\_\_\_  
Signature of M.D., D.O., Psych, or Psy. D.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic or hospital providing treatment

\_\_\_\_\_  
Business phone

\*Federal law requires that a licensed medical doctor or psychologist/psychiatrist substantiate a student's medical condition.

LBCC DSO Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email completed form to: [internationaladmissions@linnbenton.edu](mailto:internationaladmissions@linnbenton.edu)