



Medical Reduced Course Load (RCL) Information

U.S. immigration regulations require F-1 and J-1 international students to enroll full-time every academic session or semester except during official school breaks. F-1 and J-1 students can enroll less than full-time if they seek approval in advance under a specific exception. F-1 and J-1 students can qualify for a reduced course load based on medical or mental health conditions if they provide the correct documents and meet the relevant requirements.

Medical Reduced Course Loads have different requirements for F-1 and J-1 Students.

F-1 students, according to [8 CFR 214.2 \(f\)\(6\)\(iii\)\(B\)](#), may be authorized for a reduced course load due to a student's temporary illness or medical condition for a period not to exceed a total of 12 months. The student must submit a **written statement from a licensed medical doctor, licensed doctor of osteopathy, licensed psychologist, or licensed clinical psychologist**. In the written statement, **the medical provider must recommend the student enroll less than full-time or have no enrollment for a specific semester. If the student should be limited to online courses, the provider should specify that in the letter.**

An F-1 student may be authorized for a medical reduced course load more than once at the same degree level so long as the total period at that level does not exceed 12 months.

J-1 students, according to [22 CFR 62.23\(e\)\(2\)](#), may be authorized for a reduced course load due to a student's temporary illness or medical condition. The student must submit a **written statement from a physician**. In the written statement, **the physician must recommend the student enroll less than full-time or have no enrollment for a specific semester. If the student should be limited to online courses, the provider should specify that in the letter.**

Medical providers can provide the letter or statement to the student to provide to International Student & Scholar Services (ISSS). Students **should wait to drop below full-time until** getting approval and receiving the updated I-20 or DS-2019 from a DSO or ARO in ISSS.

SAMPLE SIGNED AND DATED LETTER FROM YOUR DOCTOR OR LICENSED PSYCHOLOGIST ON PAGE 2.

Please write on office letterhead or include an official stamp:

Today's Date

To Whom It May Concern:

[Student Name]¹ is undergoing treatment for an illness or medical condition.

Due to the condition for which I am treating **[Student Name]**, it is my professional recommendation that **[Student Name]** takes a reduced course load.

I understand that **[Student Name]** is in the U.S. on a student visa and must be a full-time student. Because of their medical condition, I recommend that **[Student Name]**

*(Please select one of the following to complete the final sentence above.)*²

- enrolls less than full-time this semester.
- does not enroll this semester.

*(Please add the following if the student is limited to online courses.)*³

The student should limit their enrollment to online courses.

(Provider's Signature)

Provider Name

Professional Title

(Licensed Medical Doctor, Licensed Doctor of Osteopathy, Licensed Psychologist, Licensed Clinical Psychologist)

¹ Please replace all instances of *[Student Name]* with the student's actual name.

² This text does not need to appear in the final letter.

³ This text does not need to appear in the final letter.