

## 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 licensed clinical psychologist** before an International Student Advisor can approve a reduced course load. The student must also demonstrate to the International Student Advisor that he or she is seeking treatment for the condition. **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 \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_

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 Linn-Benton Community College. \*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. Under the terms of our agreement with sponsors, 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 below certifies that this student has sought treatment for a condition which impedes his/her ability to enroll full-time. **Please note that a request for zero credits is permitted only in extreme circumstances, as it could affect student's ability to maintain health insurance and continue treatment.**

Date(s) seen regarding this condition:

The student's condition warrants: (check one)  Part-time enrollment  Withdrawal from the term (zero credits)

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

Signature of M.D., D.O. or Licensed Psychologist\*

Printed Name

Date

Business phone

Name of clinic/hospital where employed

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

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

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