

Reduced Course Load (RCL)

Name _____	TECH ID _____	MAJOR _____
Anticipated Graduation Date _____	Semester and Year	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__

This form is used for an F-1 (international) student having specified initial academic difficulties, a temporary illness or medical condition, or needing fewer courses than a full course load in his/her last term to complete the program of study. The form must be signed by academic advisor/Students Relations Coordinator AND International student advisor (Designated School Official-DSO).

Exception: *Signature from academic adviser is not needed in case of illness or medical condition*

Full Course of Study: Undergraduate: at least 12 credits/semester; Graduate/doctoral: at least 6 credits/semester

Students must check only one box for their request:

Reasons	Guidelines
<p>Academic Difficulties, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper course level placement <input type="checkbox"/> Initial difficulty with reading requirements <input type="checkbox"/> Initial difficulty with the English language <input type="checkbox"/> Unfamiliarity with U.S. teaching methods 	<p>Can only be used for the initial academic term (not “academic year”)</p> <p>Students changing program level (such as, from Intensive English to Baccalaureate) may qualify for their first academic term in the new program of study</p> <p>must maintain a minimum six-credit course load (undergrad), or three-credit course load (graduate), or half the clock hours (IEP) required for a full course of study</p> <p>Student must begin a full course of study at the next offered term</p>
<p>To Complete Course of Study In Current Term</p> <ul style="list-style-type: none"> <input type="checkbox"/> Last semester to complete program of study <input type="checkbox"/> Graduate student working on thesis/APP but otherwise completed all other program requirements (second to last semester) 	<p>Used in a student’s final term if he/she can complete the program with fewer classes</p> <p>Student must be enrolled in at least one required class</p> <p>RCL start and end dates must correspond to the school session start and end dates</p> <p>RCL start dates may be backdated, if necessary</p> <p>Program end-date will be shortened to reflect the actual graduation date</p>

I am aware of the circumstances described above and have reviewed the education implications for this student:

Signature (Academic Advisor, Dept. Chair, SRC):	Signature (Designated School Official):
Print name:	Print name:
Title:	Title:
Date:	Date:
	Date entered in SEVIS:

Academic Advisor: Please email or hand deliver the form to the Kearney International Center international@mnsu.edu | 250 Centennial Student Union, MNSU, Mankato, Minnesota 56001

Name _____	TECH ID _____	MAJOR _____
Anticipated Graduation Date _____	Semester and Year	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__

Reasons	Guidelines
<input type="checkbox"/> Illness or Medical Condition	<p>Cannot exceed 12 month aggregate per program level. Medical Provider must be:</p> <ul style="list-style-type: none"> Medical Doctor Doctor of Osteopathy Clinical Psychologist <p>Medical Provider must forward completed form to International@mnsu.edu. KIC will not receive any form submitted directly by a student.</p> <p>DSO must renew the RCL each term, based on new or continuing medical information</p> <p>May be used nonstop or at different times during a program level</p> <p><i>Academic Advisor's signature is not required.</i></p>

Information for the Licensed Medical Professional

The student _____ is an international student at Minnesota State University, Mankato who is in the US on an F-1 visa. As a condition of entry into and presence in the US, the student is required to maintain a full course load of classes. In certain documented circumstances, an international student may remain in the US without this requirement. This student is seeking a Reduced Course Load for a medical condition and “must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the university official to substantiate the illness or medical condition” to receive the authorization. The student can reduce enrollment below full-time if it is deemed medically necessary. **Student Health Services may recommend a reduced course load but will not authorize taking the entire semester off.**

For HIPAA reasons we do not ask for medical information but do request your signature on the certification below. If the student permits, the inclusion any documentation of the medical condition is welcome, however it is not required.

Certification

I, _____, certify that I am a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist/physician in the state of _____.

I certify that it is necessary for _____ to be released from enrollment requirements due to a medical condition. He/she is recommended to take _____ credit hours for the time period listed below.

Date student should be released from studies: _____

Date student should be able to resume studies: _____

I am aware of the circumstances described above and have reviewed the education implications for this student:

Signature (licensed clinical psychologist/physician)	Signature (Designated School Official):
Print name:	Print name:
Title:	Title:
Organization:	
Date:	Date: Date entered in SEVIS: