

INFORMATION FOR F 1 STUDENTS

Under US federal regulations at 8 CFR 214.2(f)(6)(iii)(B), an international student in F-1 student status may be authorized to enroll on a part-time basis (or, if necessary, completely withdraw from enrollment) if the student has a temporary illness or medical condition requiring a reduced course load. To obtain authorization for a reduced course load on medical grounds, the student must provide medical documentation substantiating the condition recommending a reduced course load.

To qualify for a Medical RCL you must do the following:

- You must complete the Reduced Course Load (RCL) Request Form
- This Medical Reduced Course Load form MUST be approved by Student Accessibility Services (SAS). Students must [register](#) with SAS in order to request an RCL, which is an academic accommodation. Documentation of disability must be provided to SAS to support your request. If a RCL accommodation is approved by SAS. A SAS staff member will sign the Medical RCL form and an accommodation letter will be provided to the student, IASS, and the student’s academic department. If the RCL is not approved by SAS, the student will receive an email from SAS indicating reasons the request was not approved and IASS will be informed. Students are strongly encouraged to initiate and complete the SAS process in a timely manner to avoid delay the processing of the request. Please review the links below for additional information regarding SAS requirements.
 - Students with a disability: <https://www.utrgv.edu/accessibility/students/new-sas-students/index.htm>
 - Students seeking accommodations related to pregnancy or parenting: [Pregnancy and Parenting | UTRGV](#)
 - SAS documentation guidelines: <https://www.utrgv.edu/accessibility/students/documentation-guidelines/index.htm>
- In addition to current documentation of disability provided to SAS, student must submit to International Admissions & Student Services a Medical Reduced Course Load Recommendation Letter from a licensed medical doctor, clinical psychologist, or doctor of osteopathy that recommends a reduced course load based on a temporary illness or medical condition. See [template attached](#) of how letter is required to be written.
 - The Medical RCL Recommendation Letter must be signed, dated, and refer to the specific term (e.g., “Fall 2020 Term”) for which you are requesting a reduced course load.
 - The medical condition must be your own (a medical RCL cannot be granted for medical conditions experienced by your dependent family members).
 - Medical RCL Recommendation Letter may be provided directly to the student or to our office. Please send it via email at international@utrgv.edu with a subject: “Medical RCL Recommendation Letter for (Student Name)”.
- Authorization for a Medical RCL is granted on a term-by-term basis and is only approved based on the dates authorized on page 2 of your I-20. You must return to full-time enrollment in the term immediately after an approved Medical RCL leave unless you submit a new request for another term of Medical RCL and is approved.
- If a Medical RCL is required for an additional term, you must repeat the whole process which will require submission of updated Medical RCL Recommendation Letter from your physician and updated signature from Student Accessibility Services for each additional term of Medical RCL approved.
- No more than 12 months of Medical RCL may be granted at your current degree level. You may be eligible for an additional 12 months of Medical RCL eligibility if you advance to a higher degree level.
- Acceptable documentation must be received by the International Admissions & Student Services before you can be authorized for a reduced course load.

Student Health Insurance: You should consult with your International Student Advisor regarding your insurance coverage under the UT-International Student Health Insurance Plan for any term you are on a Medical RCL.

Employment: If you withdraw from the semester, you will not be eligible to continue working on-campus.

STUDENT ACKNOWLEDGEMENT

I have read and understand the student agreement and restrictions notifications that apply to my medical reduce course load. My signature affirms that I agree to and accept said conditions.

Name (please print): _____ Signature: _____ Date: _____

STUDENT ACCESSIBILITY SERVICES ACKNOWLEDGEMENT

Student has met with Counseling Specialist and has been advised regarding our services and departmental requirements.

Name (please print): _____

Signature: _____

Date: _____