


## MEDICAL REDUCED COURSE LOAD (MRCL)

U.S federal regulations require non-immigrant students to register full-time during the academic year. See [Registration Requirements](#) on our website (<https://internationalservices.oregonstate.edu>). In the case of a serious medical condition, a student may not be capable of full-time enrollment. To comply with federal regulations, a student's medical condition must be substantiated by a licensed medical doctor (MD) or doctor of osteopathy (DO). A mental health condition must be substantiated by a licensed psychologist, licensed psychiatrist, or clinical therapist. The student must demonstrate to the International Student Advisor that they have sought treatment for the condition. Please complete the form below and return it to the Office of International Services (OIS) 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 \_\_\_\_\_

**Current U.S. Address:** Go to <https://ipconnect.oregonstate.edu> Click on  Select biographical information, then Local U.S. Address E-Form. \* You are required to report your address to SEVIS to maintain your immigration status.

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 Office of International Services at Oregon State University.

**\*Sponsored 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, OSU is required to provide enrollment information to sponsors.

**\*INTO OSU students:** An approved MRCL does not guarantee refund or deferral of fees paid or incurred. For request of refund or deferral, please complete a finance appeal form. Please reference your MRCL as supporting information in your appeal.

**\*Graduate students only:** If you are reducing your enrollment below 3 credits, you must apply and be approved for a Leave of Absence with the Graduate School.

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

### PART II (to be completed by the treating healthcare professional)\*

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 of zero credits could affect the student's ability to maintain health insurance.**

Date(s) seen regarding this condition: \_\_\_\_\_

The student's condition warrants: (check one)     Part-time enrollment (Undergrads = less than 12 credits, Grads = less than 9) Withdrawal from the term (zero credits)

Signature of Healthcare Professional\*

Printed Name

Date

Business phone

Name of clinic/hospital where employed

Email

\*Federal law requires that only a licensed medical doctor (MD), doctor of osteopathy (DO) licensed psychologist, licensed psychiatrist, or clinical therapist may substantiate a student's medical condition.

### INTO OSU STUDENTS ONLY:

INTO OSU Academic Support/PW Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_