



# UT Tyler

## INTERNATIONAL PROGRAMS

### Medical Reduced Course Load Request

Federal regulations require F-1 visa students to enroll full-time each fall and spring semester. Students may take fewer hours for a documented medical condition.

#### Student Information

UT Tyler ID	Last Name	First Name	Email
Semester/Year for medical withdrawal/course load reduction			
Previous Semester/Year received a withdrawal /course load reduction (if applicable):			

#### Student Certification of Responsibility

\_\_\_\_\_ I certify that the information provided in this form is accurate.

\_\_\_\_\_ The medical RCL authorization is valid for one semester. If more time is needed, I will need to submit a new request.  
(No more than 12 months total of Medical RCL is permitted per degree level.)

\_\_\_\_\_ If I am withdrawing from all courses for the semester, I will not be allowed to accept or continue any on campus employment.

Name	Signature	Date

#### Medical Exception

**This section must be signed by a U.S. Medical Doctor (MD), Doctor of Osteopathy (DO) or licensed clinical psychologist.**

#### Medical Recommendation Requirements:

\_\_\_\_\_ A written letter by a licensed medical doctor, a doctor of osteopathy, or a licensed clinical psychologist on their own professional letterhead stating that a specific illness or medical condition compelled the student to reduce or to interrupt (state which one) their full course of study. The letter should also specify the semester involved.

As a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), I recommend the student named above to reduce their course load (or withdraw from all classes) due to a temporary illness or medical condition for the "appropriate semester."

I recommend the student:

\_\_\_\_\_ Does not enroll this semester  
 \_\_\_\_\_ Limits enrollment to part-time

Name of Practice/Clinic	Address	Phone
Doctor/Phycologist Name	Signature	Date

#### International Student Advisor

\_\_\_\_\_ Approved    \_\_\_\_\_ Not Approved    Reason: \_\_\_\_\_

Advisor Name	Signature	Date