

# Medical Reduced Course Load (Medical RCL)

### F-1 and J-1 International Students

# Reduced enrollment with Berkeley due to medical conditions must be approved by Berkeley International Office <u>before</u> dropping courses.

International students in F-1/J-1 visa status are required to be registered as full-time students every semester. Failure maintain full-time enrollment is a violation of F-1 or J-1 status. For visa status purposes, students may enroll for less than full-time or withdraw due to health reasons if they have both BIO approval. Full-time enrollment for visa purposes is:

**Undergraduates** = 12 units or more (your college may require more than 12 units to be considered full- time (e.g. Letters & Sciences full-time = 13 units or more)).

**Graduates** = defined by your department (12 units in most cases)

• ONLY 1 class or 3 units of enrollment can be online units. Enrollment cannot be fully online.

#### Reduced Enrollment for Health Reasons (1 to 11 units)\*

- Students may drop below full-time enrollment for physical or mental health reasons. They can have no more than 1 class or 3 units of online coursework as part of their final enrollment.
- F-1 and J-1 regulations state that only a **medical doctor**, **doctor of osteopathy or licensed clinical psychologist** may recommend a student for a medical reduced course load.
- BIO will only accept recommendations from a U.S. medical doctor, doctor of osteopathy or licensed clinical psychologist. If you have been seeing a practitioner overseas, you will need to be connected to care in the United States.
- If your care provider is not employed by University Health Services, they must also provide you with a letter of
  explanation that 1) describes your medical condition and 2) confirms that you require a medical reduced course
  load.
- Medical RCLs are approved for one semester at a time. Continuing health problems may need more than one approval if they continue beyond one semester.
- Medical RCLs may be approved for no more than a cumulative period of 12 months during the student's degree program.
- **Disabled Students Program and the Medical RCL** Even if a DSP advisor recommends that you drop below full-time for medical reasons, that advisor cannot sign your medical RCL form unless they are a medical doctor, doctor of osteopathy or licensed clinical psychologist. You may consider asking your DSP advisor for help in contacting a University Health Services medical professional who can speak with you, assess your health, and then, if appropriate, recommend you for a medical RCL.

<sup>\*</sup> This form is NOT used for full Medical Withdrawal of 0 units. Students pursuing full medical withdrawal must be approved via University Health Services Medical Withdrawal process.

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This form is available at: <a href="http://internationaloffice.berkeley.edu/students/current/full-time\_reqs">http://internationaloffice.berkeley.edu/students/current/full-time\_reqs</a>.

## Student Information (all fields must be completed)

	•	-		
First Name:		Last Name:		Today's Date:
Student ID#:		Phone number:		Expected graduation (semester & year):
Number of in-person units after drop:  Number of online units after drop:  TOTAL enrolled units* (1-11):		Education Level: [	Bachelors Maste	rs PhD Law EAP
☐ I have read condi understand that only * This form is NOT us	tions for a medical reduced en 1 class or 3 units of my reduce	ed enrollment can b	e online. If I have only 1	ing my enrollment to between 1-11 units and class, I understand that it cannot be online. ithdrawal must be approved via University
tudent immigration recommend a student	t for a medical reduced cour	medical doctor, on selload. If your care	loctor of osteopathy one of osteopathy osteopathy of osteopathy osteopath	or licensed clinical psychologist may bloyed by University Health Services, the and confirms that you require a medical
	Recom	mendation for	Reduced Enrollmen	t
Semester of recommended reduced enrollment:				
Year:	Fall Spring			
Doctor's Name:				
Title (MD, OD, or				
Licensed  Psychologist only):				
License Number:				
Phone:				
Email:				
	a specific semester/year and or her course load as indicated			units. Do you recommend that the
	not employed by University ched a letter explaining the ded.			reduced course load is
"I recommend a i	reduced academic course	load due to the	student's medical c	ondition."
Signature of MD, O	D or Licensed Psychologist			
Date				