

## **Medical Reduced Enrollment or Withdrawal F-1 and J-1 International Students**

### **IMPORTANT INFORMATION ABOUT BIO'S PROCESSING TIME AND DOCUMENT DELIVERY**

BIO's processing time for [student requests](#) is 5 business days (excluding weekends and holidays). Barring any technical issues, documents will be ready by 1p.m. on the fifth business day. Your request will be delayed if it is incomplete or requires additional follow-up.

### **J-1 Students**

J-1 Reduced Course Load is authorized in SEVIS, but does not result in a new DS-2019. J-1 students should not request a delivery method. Please leave this page blank.

### **F-1 Students**

We will email you your I-20 once your request has been approved and processed. If you need an original, physical I-20 in the future, please submit a replacement document request form to our office at that time (form available here: [https://internationaloffice.berkeley.edu/students/request\\_forms](https://internationaloffice.berkeley.edu/students/request_forms)).

## Medical Reduced Enrollment or Withdrawal F-1 and J-1 International Students

**Reduced enrollment or withdrawal from Berkeley due to medical conditions must be approved by Berkeley International Office before dropping courses.**

International students in F-1/J-1 visa status are required to be registered as full-time students every semester. Failure to register or to maintain full-time enrollment will result in the loss 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)

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

- Students may drop below full-time enrollment for physical or mental health reasons.
- 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.

### Withdrawal from Berkeley for Health Reasons

For more information about the UHS Medical Withdrawal Committee and the process of obtaining a medical withdrawal through the University, see: <http://uhs.berkeley.edu/students/counseling/medicalwithdrawals.shtml>

Medical Withdrawal Requests must be signed by the UHS Social Services Unit to verify the medical withdrawal.

Only students who are approved by the UHS Medical Withdrawal Committee may submit this medical withdrawal request to BIO in order to maintain their visa status and remain in the US for the stated semester. Students who are withdrawn from Berkeley will only be approved for one semester of medical withdrawal for visa purposes. In order to remain in the US in the following semester, the student must take one of the steps listed below:

1. Work with the UHS Medical Withdrawal Committee & the college or department to be readmitted;
2. Depart the US;
3. Transfer the SEVIS record to a new school.

# Medical Reduced Enrollment or Withdrawal

## F-1 and J-1 International Students

This form is available at: [http://internationaloffice.berkeley.edu/students/current/full-time\\_regs](http://internationaloffice.berkeley.edu/students/current/full-time_regs).

### Student Information (all fields must be completed)

Family Name:	First Name:	Today's Date:
Student ID#:	Major:	Phone number:
Number of units after drop:	Education Level: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> EAP	
Expected graduation (semester & year):		
<input type="checkbox"/> <i>I have read and understand the conditions for a medical reduced enrollment or withdrawal from the University as stated on the reverse side of this form.</i>		

### University Health Services Medical Recommendation for Health Reasons

Student immigration regulations state that only a **medical doctor, doctor of osteopathy or licensed clinical psychologist** may recommend a student for a medical reduced course load. If your care provider is **not** employed by University Health Services, they must also provide you with a **letter of explanation** that describes your medical condition and confirms that you require a medical reduced course load.

Recommendation for Reduced Enrollment	UHS Recommendation for Medical Withdrawal
Semester of recommended reduced enrollment: Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Semester of recommended reduced enrollment: Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring
Doctor's Name: _____	The UHS Medical Withdrawal Committee has approved the student to withdraw for the above-stated semester.
Title (MD, OD, or Licensed Psychologist only): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, verification required below:
License Number: _____	Date Medical Withdrawal Approved(mm/dd/yy): _____
Phone: _____	_____
Email: _____	UHS Social Services Staff Name _____
Do you recommend that the student reduce his or her course load (but still remain enrolled for between 1-11 units) for the semester noted above due to a medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	UHS Social Services Staff Signature _____
<p><b>Care providers not employed by University Health Services:</b></p> <p><input type="checkbox"/> I have attached a letter explaining the medical situation and confirming that a reduced course load is recommended.</p>	<b>Doctor's Recommendation</b> <b><i>"I recommend an academic withdrawal for the above stated semester due to the student's medical condition."</i></b>
	Doctor's Name: _____
	Title: _____
	Phone: _____
	Email: _____
	_____
	Signature of MD, OD or Licensed Psychologist
<b><i>"I recommend a reduced academic course load due to the student's medical condition."</i></b>	
_____	
MD, OD or Licensed Psychologist Name	
_____	
Signature of MD, OD or Licensed Psychologist	