



Reduce Course Load (RCL) Authorization Form

MEDICAL REASON

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Service regulations. The international student named below is applying for approval to take a reduced course load (less than 12 units.) **Permission from the ISC must be obtained before the student registers for less than full time and/or drops below 12 units.**

This form is for those who are eligible for a reduced course load due to medical reasons. To determine your eligibility, complete this form and attach an original letter on business letterhead from a licensed doctor **stating diagnosis, treatment, and the recommended amount of units to be taken per semester.** Once complete, schedule an appointment with an ISC Advisor in D-204 to discuss your eligibility further.

Student to complete:

Name: _____ Date of Birth: _____
Family Name First Name MI mm/dd/yyyy

Address: _____
Street Apt# City & State Postal Code

E-mail: _____@go.pasadena.edu Cellphone #: _____

C ID#: _____ PC _____ SEVIS ID#: N00 _____

Requested for Semester: _____ # of Units: _____ Expected Graduation Date: _____
Semester/Year

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Student Signature Date mm/dd/yyyy

ISC Advisor to complete:

The following information must be completed by the ISC.

- Illness or medical condition requiring RCL for one semester.
- Illness or medical condition requiring RCL for 2nd semester.
- Illness or medical condition requiring 0 credits for one semester.

Letter from Physician

Yes No

As the ISC advisor, I authorize the student named above to carry less than the required number of units.

ISC Signature Print Name Date

Unit # _____ SEVIS SARS Request log Email A&R Email student