



International Student Center

REDUCED COURSE LOAD (RCL) REQUEST MEDICAL REASON

Complete this form together with your physician if you are requesting a reduced course load due to medical reasons (temporary illness or medical condition)

FOR STUDENT TO COMPLETE	
Last Name:	First Name:
PCC ID#:	Date of Birth: (month/day/year):
Cell Phone #:	City of Birth:
PCC Email Address:	@go.pasadena.edu
Which semester/term? <input type="radio"/> Spring <input type="radio"/> Summer <input type="radio"/> Fall YEAR _____	

- I understand that I must receive permission from PCC ISC before I can drop or register for less than 12 units due to my medical condition
- I understand that a **medical reduced course load** can only be authorized per semester and an aggregate of 12 months per program level. If I need to extend my medical leave after this semester, I must submit an **updated and official physician letter** to PCC ISC for approval
- I understand that I must work together with my physician (**U.S. licensed medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist or clinical psychologist**) to provide current medical documentation to support this request
- I state that the information I am providing on this form is true. I further understand that it is a violation of United States law to give false information to Pasadena City College.

Student's Signature:	Date (month/day/year):
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FOR PHYSICIAN (US LICENSED MEDICAL DOCTOR, PSYCHIATRIST, DOCTOR OF OSTEOPATHY, LICENSED PSYCHOLOGIST OR CLINICAL PSYCHOLOGIST)

Title 8 Code of Federal Regulations CFR 214.2(f)(6)(iii)-(iv) states that if an F-1 international student requests a reduced course load for medical reasons, the student must provide current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to the college to substantiate the illness or medical condition.

- PHYSICIAN:** Please attach to this form an original letter on business letterhead and medical license number stating **medical condition, treatment, estimated time of recovery (whenever possible), recommended enrollment (reduced course load or no course load), and anticipated start date of recommended reduced course load.** By providing the original letter, the physician certifies that she/he understands **Title 8 Code of Federal Regulations CFR 214.2(f)(6)(iii)-(iv)** and can be subject to audits from the Department of Homeland Security.