

Medical Reduced Course Load (RCL) – Important Information

- **Applying for Medical RCL**

A Medical RCL Request Form must be completed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), or Clinical Psychologist (LCP).

Although support from a medical provider is required, final authorization for a Medical RCL must come from the International Center.

Students seeking to drop below full-time enrollment should apply for and receive approval for a Medical RCL prior to dropping coursework.

- **Withdrawing from a course during Medical RCL**

Students must keep in mind the deadline for dropping a course and receiving a “WD” on their transcript. These dates can be found on the Office of the University Registrar’s website.

- <https://www.uakron.edu/registrar/>
- <https://www.uakron.edu/student-accounts/refunds/>

- **Length of Medical RCL**

The maximum length of Medical RCL cannot exceed 12 months per education level. A Medical RCL will only be approved one semester at a time.

- **Accessing University Facilities and Services After Medical RCL Approval**

Some services at The University of Akron are funded through fees or are only available to full-time students. If you are not enrolled full-time or being charged the relevant fees, this may cause you to lose access. To confirm the policy, please check with the relevant office.

If you have purchased your health insurance through The University of Akron, please contact Nicola Kille, Executive Director, Center for International Students & Scholars, regarding your health insurance coverage during the period you have been approved for a Medical RCL.

- Email: qip-insurance@uakron.edu
- Phone: 330-972-7076

- **Questions about Medical RCL**

If you have any additional questions about the Medical RCL, please contact the International Center.

- Email: immigration@uakron.edu
- Phone: 330-972-6349

F-1/J-1 STUDENT Medical Reduced Course Load (RCL) Request Form

Section 1. General Information

Students in F-1 and J-1 status must register full-time during each required semester of their academic program. A student may be authorized to enroll in less than full-time coursework, or if necessary, in no classes at all, due to an illness or a medical condition. In order to be authorized for a reduced course load based on an illness or a medical condition, the student must submit this form completed and signed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), or Clinical Psychologist (LCP).

Section 2. Must be Completed by a Licensed Medical Doctor, Doctor of Osteopathy, or Clinical Psychologist

Full Name of Patient: _____

Please describe the nature of the patient's medical condition and how it impacts the patient's ability to maintain a full-time course of study:

Due to illness or medical condition, I recommend (please check one):

- Reduced Academic Course Load
 Total Withdrawal/No Enrollment

Between what dates is this medical recommendation valid? From / / until / /
MM DD YYYY MM DD YYYY

I certify that the above-named individual is a patient in my care. In my professional medical opinion, it is not medically advisable for this student to attend classes full-time, given the aforementioned condition.

Full Name: _____ Signature: _____
 Telephone Number: _____ Date: _____

Please attach your business card with this form. Your assistance in filling out this form is greatly appreciated. If you have any questions, please contact us at 330-972-6349 (phone) or immigration@uakron.edu (email).