



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W. Campbell Rd., SSB34, Richardson, Texas 75080-3021
(972) 883-4189 ISSOCurrent@utdallas.edu

UT Dallas F-1 Reduced Course Load (RCL) Request Due to Medical Reasons

Student Name: _____ UTD ID: _____ Date of Birth: _____

A. Read the following information.

- Submit this completed form to the ISSO **prior** to dropping classes.
- If approved, an I-20 will be issued showing authorization for reduced enrollment for one semester.
- Once you have signed the I-20 you are eligible to drop classes without affecting your immigration status.
- Repeat the process for each affected semester, up to a maximum of one year per program level.

B. Student Certification (handwritten signature required).

I verify that the information on this form is true to the best of my knowledge. I am aware that I may need to consult with other campus offices to ensure that reducing enrollment will not affect my status, such as: Residential Life (if residing on campus), academic department (if a TA/RA), or Financial Aid (scholarships).

Academic Term/Year for Reduced Enrollment (Ex. Spring 2016) _____

Student Signature: _____ Date: _____

C. Medical Certification. To be completed by U.S. licensed medical doctor, doctor of osteopathy or clinical psychologist.

The above-named student is in the U.S. on an F-1 visa. F-1 students must be full-time enrolled every fall and spring semester unless officially authorized. Your authorization will be kept on file at UT Dallas and can be audited by the U.S. Department of Homeland Security. If you have questions regarding this form or visa requirement, contact the U.T. Dallas ISSO at 972-883-4189.

Doctor Name: _____

Physical Office Address: _____

Phone Number: _____

Diagnosis: _____

Prescribed Medical Treatment: _____

How many credit hours do you recommend the student maintain this semester? 9 6 3 0

I verify that I hold the following title:

Licensed medical doctor License Number: _____

Doctor of Osteopathy

Licensed Clinical Psychologist License Number: _____

I recommend that the above student be given permission to register for less than full time is based on the above reason.

Doctor/Psychologist Signature: _____ Date: _____

D. Submit your RCL Request to the ISSO Office prior to dropping below full time enrollment.

- **In person:** Submit to the ISSO during office hours. Monday - Thursday, 8:30am to 6pm. Friday, 8:30am to 5pm.
- **By e-mail** (additional paper copies are not required): Submit to ISSODocuments@utdallas.edu. Verify that the total size of attachments in one e-mail is not larger than 5MB. Do not send files in compressed formats, such as .rar or .zip. Instead, use a PDF, JPEG or DOC format.