



MEDICAL REDUCED COURSE LOAD (MRCL)

U.S. federal regulations require non-immigrant students to register full-time during the academic year. See [Registration Requirements](#) on our website (<https://internationalservices.oregonstate.edu>). In the case of a serious medical condition, a student may not be capable of full-time enrollment. To comply with federal regulations, a student's medical condition must be substantiated by a licensed medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist. The student must demonstrate to the International Student Advisor that they have had a consultation, intervention, and/or treatment for the condition. **Note: Approval must be renewed each term if the condition persists beyond one academic term. Students are allowed a total of 4 terms of approval per degree level.**

Please complete this form and return it to the OIS by the last week of the term. Either drop off the form in person at 130 University Plaza or upload a scan via the Medical Reduced Course Load e-form at IPConnect.oregonstate.edu under "Changes in Registration."

PART I (to be completed by the student):

Last name (family) _____ First name (given) _____
 Student ID _____ Phone _____ Email _____

Current U.S. Address: Go to <https://ipconnect.oregonstate.edu> Click on Select biographical information, then Local U.S. Address E-Form. * You are required to report your address to SEVIS to maintain your immigration status.

Term for which this form applies (circle) Fall Winter Spring Summer 20 _____

I (name of student) _____ authorize Dr. _____ to release medical information which pertains to my ability to enroll full-time to the Office of International Services at Oregon State University.

Please note that a request of no enrollment (zero credits) could affect your ability to maintain health insurance. For more information, go to: <https://studenthealth.oregonstate.edu/insurance>

***Sponsored students only:** I understand that I must obtain approval from my sponsor prior to reducing my course load and any financial or other sponsorship consequences are my responsibility. *Under the terms of our agreement with sponsors, OSU is required to provide enrollment information to sponsors.

***INTO OSU students:** An approved MRCL does not guarantee refund or deferral of fees paid or incurred. For request of refund or deferral, please complete a finance appeal form. Please reference your MRCL as supporting information in your appeal.

***Graduate students only:** If you are reducing your enrollment below 3 credits, you must apply and be approved for a Leave of Absence with the Graduate School.

Student Signature: _____ **Date:** _____

PART II (to be completed by a licensed medical doctor or licensed psychologist)*

Your signature below certifies that this student has sought consultation, brief interventions or ongoing treatment for a condition which impedes their ability to enroll full time.

Date(s) seen regarding this condition: _____

The student's condition warrants: (check one) Part-time enrollment (Undergrads = less than 12 credits, Grads = less than 9)
 No enrollment (or withdrawal to zero credits)

Signature of licensed medical doctor or licensed psychologist* Printed Name Date

Business phone Name of clinic/hospital where employed Email

***Federal law requires that only a licensed medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist may substantiate a student's medical condition.**

INTO OSU STUDENTS ONLY:
INTO OSU Academic Support/PW Advisor Signature: _____ **Date** _____