



Date: _____

MEDICAL REDUCED COURSE LOAD

If a student wishes to drop below 12-credits due to illness or medical condition, student must complete this form and have it signed by a licensed medical practitioner. Medical reduced course load may not exceed an aggregate of 12 months during a student’s program. In order to authorize a RCL based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist to Cranwell International Center.

Note: You may also need to complete a Relief Form at the Schiffert Health Center or the Cook Counseling Center.

STUDENT INFORMATION

Name _____
Last/Family First Middle (if any)

Email _____ VT ID# _____

Phone _____ SEVIS ID: N00 _____

Local address: _____
Street Address City State Zip Code

TO BE COMPLETED BY LICENSED MEDICAL PRACTITIONER

In general terms, please describe the nature of the medical condition:

When is the expected recovery time?

For which semester(s) is the student requesting a reduced course load?

Fall Spring Summer I Summer II

Year _____

I recommend:

1. A reduced course load. Student will take at least 6 credits.
2. No courses. Student will not enroll for any courses.

By signing below, I affirm:

- I am a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist
- The student is under my care
- The student’s medical condition necessitates a reduced course load

Name _____

Date _____

Signature _____

Please attach a business card with this form.