

Reduced Course Load I-20- Medical Reasons

International Student Office • Collin College
2800 E. Spring Creek Pkwy., Plano, TX 75074
Phone: 972-516-5012 • iso@collin.edu

Must get ISO authorization and I-20 prior to withdrawing from classes: F-1 students may request a Reduced Course Load I-20 for several reasons. Students **who drop below a full course of study without the prior approval from an ISO advisor on I-20 will be considered out of status.**

RCL due to Medical Conditions: Issued due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months per education level. Students must provide this form signed by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Student will receive new I-20 showing approved RCL. Form must be completed each semester the student wishes to receive authorization.

Part 1: Medical Information— *To be completed by Licensed Medical Doctor, Psychiatrist, Doctor of Osteopathy, Licensed Psychologist or Clinical Psychologist (licensed in the United States).*

Check applicable title: Psychologist
Licensed Medical Doctor
Psychiatrist Clinical Psychologist
Doctor of Osteopathy License

Doctor's Name: _____ License Number: _____

Office Address: _____ Phone Number: _____

Diagnosis: _____

Recommended number of credit hours: 12 9 6 3 0

Doctor/Psychologist Signature: _____ Date: _____

Part 2: Student Information & Certification

Please bring or email this form to the International Student Office for your file:

Print name: _____ SEVIS ID # _____

Date of Birth: ____/____/____ CWID: _____

Requested Semester for RCL Medical: _____ / _____
Semester Year

I, the undersigned student, have chosen not to maintain a full course of study at Collin College for the current semester. I will be maintaining lawful F-1 status even though I will not be registered for a full course of study for medical reasons, which is listed as a justified deviation from a full course load under 8 C.F.R. & 214.2 (f) (6) (iii) (B).

Signature _____ Date: ____/____/____