



HCC ID: _____

SEVIS ID: _____

DATE: _____

Request for Reduced Course Load (RCL) for Medical Reasons

1. Student Information

Family (Last) Name

First Name

Date of Birth (MM/DD/YY)

2. Specify the semester and year of your request.

Spring Year _____ Summer Year _____ Fall Year _____

3. Attach medical letter that meets the following requirements.

- Issued by a U.S. licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
- Written on a letterhead with doctor's original signature and license number
- Indicates start and end dates of the medical leave (valid for one term only)
- Identifies medical condition or illness that warrants reduced enrollment or medical withdrawal
- Identifies why the student cannot take full-time enrollment or attend on-line classes.
- Clearly recommends reduced enrollment for 3, 2 or 1 class(es); or medical withdrawal for a semester (0 enrollment)

Note: The letter is valid for one semester only.

4. HCC International Student Health Insurance coverage policy:

Eligible students must actively attend classes at the College for at least the first 45 days of the period for which they are enrolled. Students who fully withdraw after 45 days will remain covered under the plan and no refund will be issued. Students who do not meet the active attendance requirement are responsible for obtaining their own health insurance (see <https://edusure.com/> for information on other available options).

5. Submit this form and the required supporting documentation

- a. By email to your [assigned Designated School Official \(DSO\)](#)

6. Students must be approved before they can drop below full-time enrollment.