Request for Reduced Course Load - Medical

vvitii	is form, I am requesting a reduced course load for the following reason(s) and term:
Stude	ID:
Last N	me: First Name:
Progra	n:
BSC E	ail address:
Seme	er of Reduced Coarse Load (e.g., Fall 2024):
Medio	Reasons - Please describe:
Stude •	must provide medical documentation from a licensed: Medical Doctor Doctor of Osteopathy Clinical Psychologist O Upload this documentation to: BSC Admissions Secure File Dropbox
under	n submission of this form, I will be authorized in SEVIS for a reduced course load (RCL) and and that this is special circumstance due to the medical reasons given above. Initial by each item ag you understand.
	understand that the RCL cannot exceed 12-month aggregate per program level (F-1 students). understand that the RCL may excuse a student from all classes.
M-1:	understand that the RCL cannot exceed five months per entire course of study. understand that the RCL may excuse a student from all classes for an entire academic term.
All Int	national Students:
	understand that BSC's Designated School Official (DSO) must renew the RCL each term, based on the
	student providing new or continuing medical information. understand that the RCL may be used nonstop or at different times during a program level.
	understand that the start date should be the date DSO approved the RCL.
	am aware that I am financially responsible for tuition, fees, health insurance.

	I have reviewed and understand the regulat <u>Title 8 Code of Federal Regulations (CRF) 214.2</u>	tions addressing reduced course loads for F-1 stud (f)(6)(iii)-(iv)	dents at:
Or			
	I have reviewed and understand the regular Title 8 Code of Federal Regulations (CFR) 214.2	tions addressing reduced course loads for M-1 stu (m)(9)(v)-(vi)	udents at:
Signat	ture	Date	
	d this completed form to: BSC Admissions Set//sendfiles.ndus.edu/filedrop/BSC-Admission		
BSC O	ffice Use Only:		