MEDICAL REDUCED COURSE LOAD REQUEST FORM

Students who are requesting a Medical Reduced Course Load (RCL) are receiving treatment for a medical issue within the United States that prohibits them from attending a full course of study. In order to be approved for a medical leave of absence, you must contact an advisor at OISS.

Family Name:________________________    First Name:________________________
PERM #:_________  Quarter of medical leave_________  Number of Units after RCL____

Have you applied for a Medical RCL Before? If yes, list dates_____________________________

I certify that:

  o  I have consulted with an OISS Advisor
     Advisor’s Signature_________________________  Date___________

  o  I have attached:
     o  Medical note on official letterhead from a licensed United States doctor or psychiatrist that is currently seeing me as a patient (notes from acupuncturists, dentists or chiropractors do not qualify) that includes:
        •  Exact dates of recommended Reduced Course Load (must be within a single quarter, must re-apply for each quarter)
        •  Maximum number of units recommended
        •  Doctor’s printed name, signature and contact information
     o  UCSB Registrar’s Cancellation or Withdrawal form (if taking zero units)

  o  I understand I must request a new medical leave authorization each quarter and this current authorization is only valid for the current quarter.

  o  I understand I am only allowed an aggregate of 12 months of medical leave per education level.

  o  I understand that OISS will be verifying the validity of the note. Any forgery or falsification of documents will result in OISS reporting me to the Office of Judicial Affairs.

Student Signature_________________________  Date________________

OISS Processor

Name_________________________  Signature_________________________

Date_______________________  Entered RCL in ISSM □