



Undergraduate and graduate students must be enrolled full-time; Undergraduates must take 12 credits, and Graduate students must take 9 credits each academic semester unless authorized to drop below by the International Student & Scholar Services Office.

Medical reasons: Due to the unexpected nature of medical incidents, you may file for medical reasons at any time during the semester with appropriate documentation. **You must file within 2 weeks of the medical emergency.** Your request may be denied if you do not meet the requirements to receive a reduced course load approval.

If you are denied a reduced course load, a notice will be sent to your NMSU email. You must be enrolled full-time so it is your responsibility to check your NMSU email regularly.

Section 1: Student completes this section

Surname/Last Name (as listed on form I-20): _____

Given/First Name: _____

SEVIS ID#: _____ Aggie ID#: _____ Phone #: _____

Date of Birth (mm/dd/yyyy): _____ Email Address: _____

Current U.S. Physical Address: _____

Section 2: Student Certification

I confirm that I understood the requirements, procedures, and ramifications outlined in this form. I will not drop below full-time enrollment until an RCL has been approved by an International Advisor.

Student's Signature: _____ Date: _____ (mm/dd/yyyy)

Please remember to fill out the [Change of Class Schedule Form](#) and submit it to the University Student Records Office:



Section 3: To be completed by an Academic Advisor

FOR THE REGULATORY OR OTHER REASON CITED BELOW:

I recommend that the student above be temporarily enrolled in _____ credit(s) for the _____ semester, year _____.

☐ **Final Semester** [8 CFR 214.2(f)(6)(iii)(C)]

☐ Completion of the course of study. In the final term, semester, or session, the student needed fewer courses to complete the program of study. Please complete the "Degree Application" with the student (if not completed) and enter it into Banner.
<https://commencement.nmsu.edu/apply-to-graduate/>

☐ **Experiencing Academic Difficulties** [8 CFR 214.2(f)(6)(iii)(A)]. Have an instructor certify below. Students must maintain at least 6 credits required for a full course of study. Students must begin a full course of study at the next offered term.

☐ Initial difficulty with the English language (1st semester/academic year only)

☐ Initial difficulty with reading requirements (1st semester/academic year only)

☐ Unfamiliarity with U.S. teaching methods (1st semester/academic year only)

☐ Improper course placement (1st semester/academic year only)

☐ **Medical conditions** [8 CFR 214.2(f)(6)(iii)(B)]

☐ Have a medical doctor, doctor of osteopathy, or licensed clinical psychologist describe the illness and the amount of time needed to recover below. Such authorization must be completed by the end of the semester and may not exceed an aggregate of 12 months while pursuing a course of study. **For Medical condition RCL requests, the Health Care Provider must complete page two of this form.**

Academic Advisor Name: _____

Academic Advisor Signature: _____ Date: _____

FOR INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE ONLY:

Reduced Course Load: ☐ Approved ☐ Denied

If denied, please state reason: _____

DSO's Signature: _____ Date: _____ (mm/dd/yyyy)



International Programs and Compliance

Reduced Course Load (RCL) Certification Form

RECOMMENDATION FOR A REDUCED COURSE LOAD DUE TO AN ILLNESS OR MEDICAL CONDITION

A student may be authorized to enroll in less than full-time coursework or, if necessary, no classes due to a temporary illness or medical condition. This form is valid for one semester only and cannot exceed 12 months aggregate per program level.

Under 8 CFR 214.2 (f)(6)(iii)(B), to be authorized for a reduced course load, the student must provide International Student & Scholar Services with medical documentation substantiating the illness or medical condition. The documentation could be from a U.S. licensed medical doctor, a doctor of osteopathy, or a licensed clinical psychologist.

To be completed by a U.S. Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist ONLY.

Student's Name:	
Term for Recommended Reduced Course Load (please check one)	<input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____
Due to Illness or Medical Condition, I Recommend (please check one)	<input type="checkbox"/> Reduced Academic Course Load <input type="checkbox"/> Total Withdrawal/No Enrollment
Estimated Length of Medical Problem:	
Health Care Provider's Name:	
License #:	
Signature:	Date:
Stamp, if applicable:	
Address & Phone Number:	
<p>Please describe the illness or medical condition on a separate page, using the healthcare provider's letterhead, and include the date the student can return to full-time studies. Please refer to the sample letter below.</p> <p>Hospital or private practice letterhead Date: XX-XX-XXXX To Whom It May Concern:</p> <p>I hereby verify that I am treating [student's full name and date of birth] for the following medical condition: [briefly describe the medical condition.]. This medical condition or treatment will affect the student physically or mentally, with a [briefly describe the impact on the student]. The students' need for treatment and recovery time is estimated to take: [an estimated time range is acceptable. It is understood that it is impossible to make an exact determination].</p> <p>[Indicate one of the following statements] "<u><i>I recommend the student take a reduced course load this semester.</i></u>" OR "<u><i>I recommend that the student take no courses this semester.</i></u>"</p> <p>I base my recommendation on [briefly describe how you determined the student would benefit from a reduced course load]. The anticipated start date of the recommended reduced course load is [indicate semester, e.g., Fall 20XX].</p> <p>Sincerely, Sign Your Name, Print Your Name, Your Full Medical Title, License Number Your Affiliation/Practice/Facility and Address Your Telephone & Email Address (direct line, please)</p>	

This form, accompanied by an attached business card, can be scanned, emailed, or dropped off at International Student & Scholar Services. Your assistance in filling out this form is greatly appreciated. If you have any questions, please contact:

International Student & Scholar Services
(575) 646-2834 iss@nmsu.edu

FOR INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE ONLY:

Reduced Course Load: ☐ Approved ☐ Denied

If denied, please state reason: _____

DSO's Signature: _____ Date: _____ (mm/dd/yyyy)



IMPORTANT:

Students, please remember to submit the Reduced Course Load Certification Form and supporting documentation to the ISSS office or email it to ISSS@NMSU.EDU.

It is the SOLE responsibility of the student to drop the classes after the approval of the RCL.

By enrolling in classes at NMSU, students make a financial commitment to pay the tuition and fees associated with their enrollment.

Students who withdraw from classes after the stated refund date remain liable for the full tuition and fee charges.
<https://records.nmsu.edu/students/important-dates.html>