GLENDALE COMMUNITY COLLEGE
INTERNATIONAL STUDENT SERVICES

**International Student Services**
**Sierra Vista, 3rd Fl**
**1500 N Verdugo Rd**
**Glendale, CA 91208-2894**
**818-240-1000 x6645**
**gcciso@glendale.edu**

# Reduced Course Load Request Form

All international students must enroll full-time (12 units) unless authorized to drop below by the International Student Office. To be eligible for a reduced course load, you must file the request by the end of the add/drop period of the **first 8-week session** each semester. Because medical emergencies can happen suddenly, you may submit a request for medical reasons at any time during the semester with proper documents. You must submit the request within two weeks of the medical emergency. Your request may be denied if you do not meet requirements to reduce course load. If denied, you will be notified at your GCC email and must enroll full time. It is your responsibility to regularly check your GCC email.

## YOUR INFORMATION *(Type or print clearly)*:

Request Date (MM/DD/YY): _____ Student ID#: _____

_____ _____ _____
Family/Last Name First Name Middle Name

Date of Birth (MM/DD/YY): _____ Phone: _____
(XXX-XXX-XXXX; ensure voicemail is activated)

## MEDICAL REASON: COMPLETE PAGE 2 WITH YOUR MEDICAL PROVIDER

- ❑ I am unable to enroll full-time due to an illness or medical condition. The illness or medical condition is described by my physician in the provided documentation.

*Use the attached Waiver of Full Course of Study Requirement: Illness or Medical Conditions Documentation Form to obtain a doctor's note in accordance with instructions.* ***Your physician must hold one of the titles listed****. SUBMIT COMPLETED PAPERWORK TO OFFICE EMAIL (see header). Academic counselors are not involved in RCL's for medical conditions.*

## ACADEMIC REASON: REQUEST APPOINTMENT TO MEET WITH AN ACADEMIC ADVISOR

**I approve _____ unit enrollment for the _____ semester/year for the following reason:**

- ❑ **Academic Difficulty –** student must maintain a minimum of **6 units**; may be used once per educational level. Please specify:
  - ❑ Improper course level placement (1st semester or due to placement test/course sequencing)
  - ❑ Initial difficulty with reading requirements (1st semester only)
  - ❑ Initial difficulty with the English language (1st semester only)
  - ❑ Unfamiliarity with American teaching methods (1st semester only)

- ❑ **Final Semester:** Student has completed all courses needed to graduate from program (associate/certificate). Please complete graduate petition with student (if not yet completed) and enter into SARS.

_____ _____ _____
Academic Advisor Signature of Academic Advisor Date

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# Waiver of Full Course of Study Requirement: Illness or Medical Conditions Documentation Form

**in accordance with 8 C.F.R. § 214.2(f)(5)(iv)**

Federal regulations regarding the enrollment of F-1 students in the U.S. require that a student be registered for and complete a full course of study per term (12 credit hours). Exceptions to the full-time enrollment requirement are limited by regulations and include medical incapacity. To authorize a reduced course load based upon a medical condition, the student must provide current medical documentation from a **licensed medical doctor, a licensed doctor of osteopathy, a licensed psychologist, or a licensed clinical psychologist** to substantiate the illness or medical condition. The student must gain new authorization for a drop below full course of study **each semester**. A student previously authorized to drop below a full course of study due to illness or medical condition for a total of 12 months may not be authorized to reduce course load again while pursuing a course of study at the same academic level.

**GCC Student:** _____
Last Name First Name Date of Birth

Take this form to your physician for completion. If you are attaching a physician's note in place of this form, the physician must provide the required information indicated below and include their full title and license number.

## To Be Completed by The Physician:

The student listed above has stated that he/she is not able to attend school full-time due to an illness or medical condition. Please briefly describe the student's illness or medical condition that hinders school attendance. Indicate suggested course load (0-12 units) in the space provided. Note that pregnancy, in itself, is not considered debilitating and may not be used to excuse attendance, but complications that arise because of pregnancy may allow a reduced course load. This letter will be used as evidence for an exception to federal immigration policy and go on file with the Department of Homeland Security.

_____

_____

_____

_____

Due to the explanation above, I, _____, recommend that the student enroll below full course load for the period of time listed above. A maximum of ___ units of enrollment is suggested (please specify from 0 to 12).

_____ _____ _____
Physician Signature Title and License # (or attach documentation) Date

Physician Office Address: _____