

# BARD COLLEGE

Office of International Student & Scholar Services  
30 Campus Rd., Annandale-on-Hudson, NY 12504  
Email: [oiyss@bard.edu](mailto:oiyss@bard.edu)  
Phone: 845.758.7851



## Medical Condition (Reduced Course Load-RCL)

If you have a documentable medical reason that prevents you from attending class, you can apply for an RCL based on the medical condition.

- Requires a note from a licensed physician or mental health care provider (template available). The note need not contain diagnostic information, but must provide details about your RCL
- Medical RCL allows you to stay in the U.S. or travel abroad
- You can be enrolled in zero courses or part-time courses
- You must apply for medical RCL each semester; not to exceed 12 months
- You are limited to two semesters of medical RCL per academic program
- Medical RCLs are meant to cover a *break* in studies, which means you are going to return to studies after the break. If you are in your final quarter of enrollment and have an approved medical RCL, you will need to take at least one course.
- Reduced course load authorization does *not* affect your eligibility for OPT or CPT.
- Must have PRIOR approval from OIS and academic department before withdrawing from courses

**If approved, students have the option to return to their home country or remain in the U.S. to receive medical treatment if recommended by a doctor. Students who wish to remain in the U.S. must obtain a doctor's letter recommending the LOA for medical reasons. Students who remain in the U.S. without obtaining advance approval for medical LOA from OISSS will be considered out of status.**

### To Apply for Medical RCL:

- Submit the RCL request form
- Include documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist stating the specified semester and whether:
  - a.) you are not able to attend *any* classes (zero enrollment)
  - b.) you are not able to attend classes *full-time*
- Doctor's note should specify if the student should remain in U.S. to receive treatment

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## Reduced Course Load Request

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Bard College ID Number: \_\_\_\_\_ SEVIS Number: \_\_\_\_\_  
First Semester at Bard College: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone Number (local): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Degree Objective:  Bach  Master  Cert. Field of Study: \_\_\_\_\_  
Current Status:  F-1  J-1 Expected Date of Graduation: \_\_\_\_\_  
Local U.S. Address: \_\_\_\_\_  
\_\_\_\_\_

U.S. Citizenship and Immigration Services (USCIS) regulations require that international (F-1/J-1) students ENROLL and COMPLETE a full course load each semester in order to maintain valid non-immigrant student status. F-1/J-1 students who are not able to register full time must submit the Reduced Course Load form to OISSL for review.

RCL DEADLINE: First day of the semester.

### Please select the appropriate reason for the RCL from one of the following categories:

#### Category 1: Final Semester

This reason can be used only if it is the student's final semester.

- The student needs \_\_\_\_\_ credits in order to graduate at the end of this semester.

#### Category 2: Medical Reasons

A letter from student's medical doctor (MD), doctor of osteopathy (DO), or licensed clinical psychologist is required.

- Illness or other medical conditions (physical/mental)

#### Category 3: Academic Difficulty (select one)

NOTE: Students must be registered in a minimum of 6 credits (undergraduate), 4 credits (graduate)

These reasons can be used only once per degree level.

- Initial difficulty with reading requirements (first year of study only)  
 Initial difficulty with the English language (first year of study only)  
 Unfamiliarity with US teaching methods (first year of study only)  
 Improper course level placement

Semester/Year requesting for: \_\_\_\_\_ Number of credits student will register for: \_\_\_\_\_

As the International Advisor for this student, I confirm they have been approved by DOSA to carry less than the required number of credits as indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office use:

RCL:  Approved  Denied

Note: This request must be submitted for each semester of RCL, not to exceed 12 months.