






**INTERNATIONAL STUDENT PROGRAM
PETITION: REDUCED COURSE LOAD (RCL) – MEDICAL AUTHORIZATION**


Fall Spring Year: _____


WHAT IS A REDUCED COURSE LOAD? Students can petition to enroll in classes less than full-time (i.e. take less than 12 units) if they have authorization from a medical professional.

	MEDICAL AUTHORIZATION
<input type="checkbox"/> Complete the “YOUR PERSONAL INFORMATION” section <input type="checkbox"/> Request that your medical provider complete the “MEDICAL AUTHORIZATION” section. <input type="checkbox"/> Attach copies of related medical forms <input type="checkbox"/> Submit petition to studentvisa@wla.edu or International Student Program (SSB 410)	
 	<ul style="list-style-type: none"> • IF DECLINED: You will need to complete the semester with full-time enrollment. • IF APPROVED: You will need to ensure you complete the minimum units approved.

Submit petition and supporting documents at least 5 business days before the drop deadline.

Note: Even with approval, you are subject to penalties for late drops (i.e. “W’s” and tuition fees)

YOUR PERSONAL INFORMATION					
LAST NAME				FIRST NAME	
DATE OF BIRTH				LACCD ID #	
EMAIL				PHONE #	
STUDENT SIGNATURE				DATE	

MEDICAL AUTHORIZATION			
<i>To be completed by a Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist</i>			
NAME OF HEALTH CARE OFFICIAL			
HEALTH CARE OFFICIAL IS A:	<input type="checkbox"/> Licensed M.D.	<input type="checkbox"/> Doctor of Osteopathy	<input type="checkbox"/> Licensed Clinical Psychologist
REDUCED COURSE LOAD RECOMMENDATION	<input type="checkbox"/> Full Time (+12 units)	<input type="checkbox"/> Part Time (6-11 units)	<input type="checkbox"/> Part Time (0-5 units)
OFFICIAL’S SIGNATURE			DATE

Submit petition and supporting documents to studentvisa@wla.edu or International Student Program (SSB 410).

Allow 5 business days for processing. You will receive an email notification. Notifications will be sent to your LACCD student email account.

INTERNATIONAL STUDENT PROGRAM OFFICE USE ONLY			
<input type="checkbox"/> Denied	<input type="checkbox"/> Approved for Part Time (Entered in SEVIS) for	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	YEAR:
NOTES:			
DSO SIGNATURE			DATE