



Medical Reduced Course Load Request Form

If you have a medical condition that is making it difficult for you to study full time, submit this form to the IEC within 3 weeks of the beginning of your illness/injury and no later than the end of the semester. Also, submit an original letter from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist. Please see letter guidelines below. You will be notified of the decision by email. **Note: do not drop below a full course load until you receive written permission from the IEC.**

Last Name: _____ First Name: _____

SMC ID#: _____ Date of Birth: _____

Address: _____

Telephone #: _____

I am requesting a reduced course load for the _____ semester/term.

Requested course(s) to be dropped: _____

***Student's signature below authorizes the IEC Office to drop requested courses listed above, if RCL is approved.

Check this box if you **do not** give permission for the IEC office to drop your classes.

Guidelines for Doctor's Letter

- Doctor must be licensed to practice medicine in the United States
- Doctor must be a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist
- Letter must be original and written on official letterhead
- Letter must be signed by the doctor and include the doctor's license number

The letter must state the following:

- General nature of illness (a detailed diagnosis is *not* required)
- Nature of limitations (e.g. cannot participate in physical education activities; cannot sit in a chair, etc.)
- Letter must state the semester for which the reduced course load is recommended (e.g. Spring 2020)

Student Signature

Date