



International and Immigrant Student Services



12345 College Blvd.
Overland Park, KS 66210-1299
913-469-7680
Fax: 913-469-7681
iiss@jccc.edu
www.jccc.edu/admissions/international

Reduced Course Load (RCL) Request Form – Medical Condition

The DSO may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level.

PART I: TO BE COMPLETED BY STUDENT

Last/Family Name First Name
Street address (number and name of street) City State ZIP Code
JCCC ID #: SEVIS ID#: Date of Birth: MM/DD/YYYY
Phone#: JCCC email address:

I am requesting RCL for medical reason for: Fall Spring Summer Year:

I hereby give permission for the information below to be released to Johnson County Community College.

Signature Date

PART II: TO BE COMPLETED BY STUDENT'S MEDICAL PROVIDER

The student named above has applied for reduced course load due to student's temporary illness or medical condition. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. The information provided is fully protected by FERPA (Family Educational Rights and Privacy Act).

Please complete the information below:

My office address is (include city, state, and ZIP code):
I hereby certify that the student has, in person, in my office, executed a medical release, allowing me to provide this information to you.

I hereby certify that I fully examined the student named above, in person, in my office, at the address indicated above, on (mm/dd/yyyy).
I hereby certify that the student is suffering from, which renders him/her incapable of studying (full time) or (at all) for an expected period of (insert date range).

Physician please note: the information you provide will be utilized in connection with an application for a federal immigration benefit, and is subject to the perjury provisions of 18 USC 1001.

Medical Provider's Name:
Provider's Signature:
Medical Area of Specialty/Licensure (MD, DO, Licensed Psychologist): Date:
Telephone: Email Address:

PART II: TO BE COMPLETED BY IISS/DSO

The student named above has has not previously been approved medical RCL. Duration:
RCL for medical reason has has not been approved for Semester/year

SEVIS updated: BANNER updated: DSO:
MM/DD/YYYY MM/DD/YYYY Printed Name