

Students who are requesting a Medical Reduced Course Load (RCL) are currently receiving treatment for a medical issue within the United States that prohibits them from attending a full course of study. In order to be approved for a medical leave of absence, you must first contact an advisor at OISS.

Family Name: _____ First Name: _____

PERM #: _____ Requested Quarter: _____ Number of Units after RCL: _____

Have you applied for a Medical RCL Before? If yes, list dates: _____

I certify that:

- o I have consulted with an OISS Advisor.

Advisor's Signature: _____ Date: _____

- o I have attached:
 - o Medical note on official letterhead from a licensed United States doctor or psychiatrist that is currently seeing me as a patient (notes from acupuncturists, dentists or chiropractors do not qualify) that includes:
 - Quarter or dates during which Reduced Course Load is being recommended
 - Doctor's printed name, signature and contact information
 - o UCSB Registrar's Cancellation or Withdrawal form (if taking zero units)
- o I understand that if I am requesting a reduced course load of zero units, I am responsible for coordinating my medical leave and readmission through my college and the Office of the Registrar once my leave is approved by OISS.
- o I understand I must request a new medical leave authorization each quarter and this current authorization is only valid for the current quarter.
- o I understand I am only allowed an aggregate of 12 months of medical leave per education level.
- o **I understand that OISS will be verifying the validity of the note. Any forgery or falsification of documents will result in OISS reporting me to the Office of Judicial Affairs.**

Student Signature: _____ Date: _____

OISS Processor

Name _____ Signature _____

Date _____ Entered RCL in BLUE ☐ Entered RCL in ISSM ☐