UNIVERSITY of HAWAI'I®
KAPI'OLANI COMMUNITY COLLEGE

Paul S. Honda International Center (HIC)
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Request for Medical Reduced Course Load (RCL)

Important: Students are responsible for dropping classes **after receiving HIC approval**.

Name: _____ **Phone Number**: _____

UH ID: _____ **SEVIS Number**: _____

UH Email: _____

Student Signature: _____ **Date:**_____

Please submit this completed form with your I-20.

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Medical/Health Condition

Approval of a Medical RCL can be applied due to a medical or physical/mental health condition with an endorsement from a ***U.S. Licensed Medical Doctor, Doctor of Osteopathy*** or ***Clinical Psychologist***. The U.S. medical professional's note must include a recommendation to enroll for less than 12 credits during a specific semester which may also allow students to enroll in 0 credits with a medical recommendation. A student can only request up to 12 months of RCL Medical authorization per degree level.

In place of signing below, a signed letter of endorsement on an official letterhead from a Licensed Medical Professional or Clinical Psychologist detailing the required information will also be accepted.

To be completed by a Licensed Medical Doctor, Doctor of Osteopathy or Clinical Psychologist:

While under my care I recommend this student take _____ **credits.**
I certify that due to their medical and/or health condition they are
unable to maintain Full Time credits in the semester mentioned below.

☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Medical Professional Signature: _____ **Date:** _____

Print Name: _____

Official clinic stamp, seal or business card:

This form will not be accepted without a signed endorsement and an official stamp, seal or business card.

HIC Office use only:
Processed by DSO: SEVIS/ISSM Registration Initials: _____ Date: _____