



Revised: 05/29/09

International Student Programs Reduced Course Load (RCL) Medical Information Form

Please complete this form legibly. This form must be submitted with the RCL Request form to the ISP office.

Section 1 – (To be completed by student)

Student's Legal Name *(as it appears on your passport)*

Family/Last Name _____ First _____ Middle _____

Date of Birth: _____ BC Student ID _____
MM/DD/YYYY

I authorize the requested information below to be released to Bellevue College.

Student's Signature _____ Date _____

Section 2 – (To be completed by the student's doctor)

Note for the doctor:

Per 8 C.F.R. 214.2 (f) (6) (B), Department of Homeland Security (DHS) requires a medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist in order for BC to approve this student/patient's reduced (or no) course load as a student visa holder.

Are you a currently licensed medical doctor, doctor of osteopathy or licensed clinical psychologist?
Yes ___ No ___ If yes, please provide your license number _____

Approximately for how long has this patient been under your medical care?

Do you recommend this student/patient to be on a reduced course (less than 12 credits = 3 classes per quarter) or no course load (no classes) for the requested term?

Reduced _____ No course load _____ Please generally explain why

In your expert opinion, is this a temporary or permanent condition?

Psychologist's/Doctor's Signature _____

Psychologist's/Doctor's Name (Please Print) _____

Name of your clinic/hospital _____

Address _____

Telephone Number _____ Fax _____