

## **Additional Information Required: Medical Reduced Course Load (RCL)**

### **Reduced Course Load (RCL) Request— Medical**

ISSS 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 per academic degree level. Medical RCLs can only be authorized one semester at a time. If a student would like to request a medical RCL for more than one semester, s/he must submit an updated request each semester and ISSS must reauthorize the medical RCL. The medical RCL must be approved by ISSS *prior to* a student reducing his/her course load.

#### **Requesting a Medical Reduced Course Load (RCL)**

To substantiate the illness/medical condition, the regulations require student's requesting a medical RCL to submit documentation from one of the following U.S.-licensed medical practitioners:

- U.S.-licensed Medical Doctor (MD);
- U.S.-licensed Doctor of Osteopathy (DO); or
- U.S.-licensed Clinical Psychologist (CP).

A letter from a practitioner other than one of the medical professionals noted above or a medical practitioner who is not licensed in the U.S. is not sufficient for the purposes of complying with the federal regulations.

#### **Letter Requirements**

In order for ISSS to authorize a reduced course load for medical reasons, ISSS must receive a letter from a U.S.-licensed medical professional as noted above that specifically documents the medical issue. All medical documentation will be submitted directly to the Auburn Cares office. Once Auburn Cares receives your medical documentation, they will share this with ISSS. Please give the attached health care provider release form to your health care provider so they can send their letter directly to Auburn Cares.



**Student: Complete release below, then submit form to health care provider.**

I, \_\_\_\_\_, authorize my licensed health care provider,  
\_\_\_\_\_, to provide information regarding my  
medical/psychological condition to the Auburn Cares office at Auburn University. I  
understand this information will be used to determine if my request for a medical  
withdrawal for \_\_\_\_\_ (semester and year) can be approved.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Licensed Health Care Provider Section Only:**

This student is requesting a medical withdrawal from Auburn University for the term indicated above. Please provide a letter to our office with your professional recommendation of why the student is or was unable to continue enrollment in their course(s) due to a medical or psychological condition following the below guidelines. This letter will be retained in the Auburn Cares office and is kept confidential.

**Medical Letter Guidelines:**

- Medical letters should be prepared on letterhead, typed, dated, and bear the signature of the licensed health care professional.
- Letter should include the name, title, contact information, and professional credentials of the provider.
- The body of the letter should include the following information:
  - Statement of the medical/psychological condition and how this condition has impacted the student's ability to complete their course(s)
  - Relevant dates of treatment, hospitalizations, surgeries, appointments, etc.
  - Healthcare provider's recommendation for a medical withdrawal
  - Determination of when the condition will be successfully resolved so that the student can return and function effectively in an academic setting (if prognosis is undetermined, additional documentation can be provided later when the student requests re-enrollment)

**Please send the letter, ATTN: Medical Withdrawal Coordinator, by fax or mail to the number or address listed below. You can also scan the documentation to [medwithdraw@auburn.edu](mailto:medwithdraw@auburn.edu).**