
Section 2: Advisor Recommendation/Medical Condition Documentation

Instructions: Please select and complete **only the appropriate category** for which the RCL authorization is to be processed. **Note:** RCLs are not acceptable after the last day to withdraw from a course and classes should not be dropped due to poor academic performance.

Category 1: ACADEMIC DIFFICULTIES

Students may be approved for an RCL for academic reasons once per program level. In addition, graduate students must take at least 6 credits; undergraduate students must take at least 9 credits while on an RCL. **Advisors:** please select one of the following categories which best describes why you are recommending a part-time course load:

- Improper course level placement
 Initial difficulties with the English language
 Initial difficulties with reading requirements
 Unfamiliarity with U.S teaching methods

For the reason cited above, I recommend the above-named student be allowed to take a reduced course load:

Advisor's Signature: _____ **Date:** _____

Category 2: ILLNESS or MEDICAL CONDITION

Approval for medical reasons must be obtained each semester requested. Approval cannot exceed an aggregate of 12 months per program level. (Bachelor, Master, Doctorate). Once authorized for 12 months, the student cannot be approved for a reduced course load due to academic reasons.

Students: please provide proof from a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), stating the reasons why you require a reduced course load.

The proof must :

- * recommend the student reduce a course load due to medical reasons
- * be signed by a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist
- * include the student's full name

As the student's Academic Advisor, I confirm that I have spoken with this student regarding his/her Reduced Course Load and will advise his/her course scheduling appropriately:

Advisor's Signature _____ **Date** _____

Category 3: TO COMPLETE COURSE OF STUDY DURING THE FINAL TERM

If you are in your final term at Gannon University and do not require a full-time course load to finish your degree, you are eligible to be on a "Reduced Course Load". Please provide us with the following information:

Degree Program: _____ Minimum Number of Credits Required for Program: _____

Number of credits completed to date: _____ Number of "Incomplete" credits: _____

Number of credits for which you are currently enrolled: _____

As the student's Academic Advisor, I confirm that this student is on schedule for completion of the required credits for their degree program by the _____ (semester/year) semester.

Advisor's Signature _____ **Date** _____

Students, please be aware that in order to be eligible to apply for the H1-B, your degree must be completed.