

U N I V E R

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Major/program: \_\_\_\_\_ Level: \_\_\_\_\_

**Select one, if applicable:** (These reasons do not require an additional recommendation from your academic advisor.)

I am concurrently enrolled at Shenandoah University and another U.S. school. (*Attach proof of enrollment at other school.*)

I have a medical condition that is preventing me from enrolling in a full course load. (*Attach recommendation letter from a licensed medical doctor or licensed psychologist.*)  
If you cannot enroll in any courses due to your condition, you will also need to fill out a

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Medical RCL can only be authorized for up to 12 months.