Medical Reduced Course Load Approval Form

I. OVERVIEW

International students in F-1 immigration status are required to be registered full-time during each required semester. It is possible to secure approval for a Reduced Course Load if the student has a medical or psychological condition that, in the opinion of a licensed physician, doctor of osteopathy, or licensed clinical psychologist, the student is incapable of attending class during the specified time.

II. MEDICAL RECOMMENDATION – TO BE COMPLETED BY DOCTOR

Full name of patient: ________________________________

Today’s Date: _____/_____/__________

Date of birth: _____/_____/__________

Please explain, in as much detail as possible, the nature of the patient’s medical issue and how it impacts the patient’s ability to maintain a full-time course of study. For pregnant students, please include specific reasons beyond normal pregnancy symptoms as to why the student is unable to attend classes:

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Between what dates is this medical recommendation valid? From _____/_____/_______ until _____/_____/_______

I certify that the above-named individual is a patient in my care. In my professional medical opinion, it is not medically advisable for this student to attend classes full-time, given the aforementioned condition. I recommend that this individual be granted permission to register for less than a full-time course of study.

Full Name: ________________________________

Telephone Number: ________________

Name and Address of Practice: ________________________________