

**REQUEST FOR A REDUCED COURSE LOAD
DUE TO A MEDICAL CONDITION FOR STUDENTS IN F-1 STATUS**

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Service (CIS) regulations, for students applying for approval to take a reduced course load or withdraw from all courses due to a medical condition.

Permission from the Office of International Student Services (OISS) MUST be obtained before you drop the course(s) or withdraw. If you drop below a full course of study or withdraw without the **prior** approval of the OISS, you will be in violation of federal regulations governing F-1 students and will be considered to be out of status.

A reduced course load or withdrawal from school due to a medical condition cannot exceed a total of 12 months while you are pursuing a course of study at a particular program level. A request form must be completed for each semester, if more than one semester of reduced course load or withdrawal is needed.

In order for the OISS to approve the request, you must provide current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition, and recommends a reduction in course load or a withdrawal from school. Attach the documentation to this form. If you cannot submit the required documentation, or if the documentation does not include the required information, your request **cannot** be approved.

If your request **is** approved, you must resume a full course of study in the next available semester in order to maintain student status.

Section #1 - Student Completes This Section:

Student Name: _____ Degree Sought: Associates Certificate

Academic Major: _____

E-Mail: _____

Phone #: _____

Today's Date: ____/____/____

I have attached to this form current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition and recommends a reduced course load or withdrawal from school.

Student's Signature

Date

Section #2 - For OISS Use Only:

OISS Action & Date: _____ Initials: _____

Entered in SEVIS (Date & Initials): _____

Student notified via e-mail (date): _____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE OFFICE OF INTERNATIONAL STUDENT SERVICES, CAMPUS CENTER, THEATER