REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD DUE TO ILLNESS OR MEDICAL CONDITION FOR STUDENTS IN F-1 STATUS

This form is provided for your convenience. The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations, for students applying for approval to take a reduced course load or withdraw from all courses due to an illness or medical condition. Permission from the Office of International Student and Scholar Services 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 Office of International Student and Scholar Services, 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 an illness or medical condition cannot exceed an aggregate 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 Office of International Student and Scholar Services to approve the request, you must provide a letter on medical office stationery, 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 for a specific semester. Attach the letter 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.

Student Completes This Section:

Student Name: ___________________________ Degree Sought: O Bachelor’s

(please print) O Master’s

Student’s B Number: ______________________ O PhD

E-Mail: ________________________________ Phone: _______________________

Field of Study: ________________________ Today’s Date: _____ / _____ / _______.

I have attached to this form a letter on medical office stationery, 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 for a specific semester.

For Office Use Only:

ISSS Action & Date: ___________ Initials: _________ Entered in SEVIS (Date): _______________

Student notified via e-mail Date: _______________ SEVIS RTI Screen Printed: _______________

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES

Reduced Course Load Form 9/08