



Request for a Reduced Course Load
Medical Reduction in Courseload

PLEASE NOTE: The International Student Office **MUST** be notified of a student's inability to attend class within one week of the student missing class. Completed, signed forms must be received no more than 10 days after the first class missed for medical reasons. Incomplete forms will **NOT** be accepted.

First Name: _____ Last Name: _____

CCID: _____ Phone number: _____

Immigration regulations require F1 undergraduate students to be enrolled full-time each semester; full-time status is 12 credit hours for undergraduate students and 8 credit hours for graduate students. Students who will not be full-time must complete this form each semester that they will be less than full-time. Failure to file this form in a timely manner as described above may result in termination of F1 status.

Students who receive authorization for a reduced course load are permitted to register for less than the required minimum number of credits in the term they have received authorization for a reduction in course load. Students suffering a condition or injury severe enough to prevent them from attending any classes are permitted to register for no credits for the term in which they are authorized to reduce course load. Physical or emotional illness or injury qualify as reasons to reduce course load.

SECTION I: Medical Provider Recommendation.

I, _____, a licensed medical practitioner, have met
(Print name)

with the above-named student regarding his/her condition. The student first consulted with me/my office for his/her condition on ____/____/____. I am attaching my business card with proof of my medical practice to this form. My professional evaluation of the student's ability to register for and attend classes is as follows:

- The student suffers from a condition which requires him/her to take fewer than the minimum required credits, as described above. However, s/he is still able to enroll in and complete coursework for some classes.
- The student suffers from a condition which requires him/her to enroll in no classes, as s/he will not be able to attend class and/or complete assignments for the duration of the term.

Signature: _____ Date: ____/____/____.
Month Day Year

Office stamp/seal: _____ Telephone: _____



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SECTION II: Academic Advisor Notification.

Your academic advisor MUST be notified of your request for a reduced course load. Please review your plans with your advisor and have him/her complete the following section.

As this student's academic advisor, I confirm that the student has notified me of his/her request for a reduced course load. As reducing the semester registration can delay a student's graduation, the student should complete his/her program by : Fall Spring Summer 20_____

Academic advisor name: _____

Signature: _____ Date: ____/____/____ .
Month Day Year

Email I.D.: _____ Phone extension: _____

SECTION III: Additional information about Reduced Course Load

Students are granted a total of 12 months' Reduced Course Load benefit. Re-application for a Reduced Course Load is required for every term of study the student wishes to reduce his/her registration.

THE COMPLETED FORM MUST BE RETURNED TO THE INTERNATIONAL STUDENT OFFICE PRIOR TO THE STUDENT DROPPING BELOW FULL-TIME REGISTRATION.

For ISO use only:

Notes: _____

Request for RCL approved: ____/____/____ DSO initials _____ SEVIS updated

Student notified: via email: _____ via phone: _____