

**REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD
 DUE TO 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 a medical condition. **Permission from the International Student Services Center (ISSC) MUST be obtained before you drop the course(s). If you drop below a full-time course of study or withdraw without the prior approval of ISSC, 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 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 International Student Service Center to approve the request, you must provide current medical documentation from a U.S. 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 your student status.

Student Completes this Section

Last Name: _____ First Name: _____

Date of Birth / / Gender: Female Male
Month Day Year

EMPL ID: _____ Phone: _____

Email: _____

Degree Sought: Bachelor's Master's Other Major: _____

Student Signature: _____ Date: / /
Month Day Year

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.

For Office Use Only

ISSC Action: _____ Date: _____ Initials: _____

**PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE INTERNATIONAL STUDENT SERVICE CENTER,
 LOCATED AT 151 E. 25TH STREET, ROOM 730**