



International Student & Scholar Services

**REDUCED COURSE LOAD AUTHORIZATION FORM  
MEDICAL REASONS**

Authorization by a “Designated School Official” in the International Student & Scholar Services Office must be obtained **prior** to a student reducing their course load. Dropping to a reduced course load before approval is received will result in the student being out of status. The Designated School Official is required to report out of status students to the Department of Homeland Security.

Student name: \_\_\_\_\_

Today’s date: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Semester and Year for Reduced Course Load:  
\_\_\_\_\_

Course(s) to be dropped:

Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Hours: \_\_\_\_\_

Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

Hours: \_\_\_\_\_

Student signature: \_\_\_\_\_

This form must be accompanied by a letter (on letterhead) from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. The letter should explain the illness or medical condition and suggest that the course load be reduced for medical reasons.

For compelling medical reasons, a student may take part time hours or be enrolled in no hours for a maximum of 12 months.

Authorization for a reduced course load for medical reasons may be granted for a total of no more than 12 months during a student’s program (per program level), i.e., a student pursuing a bachelor’s degree can only be authorized one time for a total of 12 months for the entire four-year degree program.

F-1 students: 8 CFR 214.2(f)(6)(iii)(B) J-1 students: 22 CFR 62.23(e)(3)

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Name of Physician (please print)

Title

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Signature of Physician

Date

Phone Number

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Signature of International Student Advisor (DSO)

Date