RECOMMENDATION FOR A REDUCED COURSE LOAD DUE TO MEDICAL REASONS

Student Name: ___________________________  University ID Number: _____________

F-1 students must enroll full-time during Fall and Spring semesters according to immigration regulations. “Full time” is generally defined as 12 credits for undergraduate students and 6 credits for graduate students.

A student may be authorized to enroll in fewer or no credits if they would be unable to enroll and succeed in a full course of study due to illness, injury, or other medical condition.

Attention Medical Professional:

Indicate below your recommendation that the student enroll in a reduced course load; you do not need to include details about the student’s medical condition.

This recommendation is for the following Semester/Term: ___________________________

* A new recommendation will be required for each semester.*

Due to illness, injury, or other medical condition, I recommend this student:

☐ Enroll in a reduced number of credits  ☐ Not enroll in courses this semester

**NOTE: This form must be completed by a licensed medical doctor, a doctor of osteopathy, or a licensed clinical psychologist.**

Signed ___________________________  Print Name ___________________________

Title ___________________________  Date ___________________________

Hospital/Clinic Name ___________________________  Phone # ___________________________

City ___________________________  State ___________________________