RECOMMENDATION FOR A REDUCED COURSE LOAD DUE TO MEDICAL REASONS

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

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: Fall 20__  Spring 20__  Summer 20__

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

Signed ___________________________  Print Name ___________________________

Title ___________________________  Date ___________________________

INTERNATIONAL STUDENT & SCHOLAR SERVICES  •  190 Humphrey, 301 – 19th Avenue South Minneapolis, MN  55455 U.S.A.
(612) 626-7100  •  Fax (612) 626-7361  •  isss@umn.edu  •  isss.umn.edu