

**RECOMMENDATION FOR A REDUCED  
COURSE LOAD DUE TO MEDICAL REASONS**

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

Student Name: \_\_\_\_\_ University ID Number: \_\_\_\_\_

J-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, 12 credits for non-degree 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.

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**Attention Medical Professional:**

Indicate below your recommendation that the student enrolls 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 \_\_\_\_\_