

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:

Provide a brief comment describing the students general medical circumstances that impact their ability to take a full course load.*

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

This form must be completed by a licensed medical doctor, doctor of osteopathy, or licensed psychologist. Please return it to the student so they may upload the form with their ISSS Reduced Course Load request.

Signed _____ Date _____

Print Name _____ Title _____

Hospital/Clinic Name _____ Phone # _____

City _____ State _____

* **NOTE:** If you are a doctor or medical provider outside the United States, please attach a detailed description of the student's medical condition. This documentation must be written in English and printed on formal letterhead.

Attention Student: Scan the completed form and submit it with your application on MyISSS.