

Date:
To Medical Personnel: Licensed Medical Doctor; Doctorz of Osteopathy;
Licensed Clinical Psychologist.
From: Philip Hofer, Director and Designated School Official
International and Study Abroad Center
Regarding: Medical Clearance for a Reduced Course Load

The following person has requested permission to reduce his/her course load for medical reasons: _____

United States Federal Regulations permit non immigrants on an F-1 visa (students) to reduce from a full course of study for medical reasons. The regulation is found at 8 CFR 214.2.f.6.iii.B. The regulation states:

The DSO may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course of study each new term, session, or semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce his or her course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.

If you recommend a reduced course load “based upon a medical condition” for the person below, please fill out the following and attach appropriate “medical documentation.” Please note that federal regulations do not stipulate precisely what the documentation should be; the medical practitioner will determine the documentation.

Form to be filled out by Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist

Name of student: _____ Date of Birth _____

I recommend that the above person carry a reduced course load for the following term/semester:

Date term/semester begins: _____

Date term/semester ends: _____

I recommend that the student reduce ____ time ____ time ____ time ___ full time.

Please attach medical documentation.

Name _____

Signature _____ Date _____