MEDICAL REDUCED COURSE LOAD RECOMMENDATION FORM

Overview
International students in F-1 or J-1 student visa status are required to be registered full-time during each required semester. It is possible to secure approval for a reduced course load (including no courses if necessary) if the student has a medical or psychological condition that interferes with a student’s ability to pursue a full course load. Documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist is required.

Professional Recommendation

Full Name of Patient/Client: _________________________________ Today’s Date ___/___/______
Date of Birth: ___/___/______

Please explain, in as much detail as possible, the nature of the patient’s/client’s condition and how it impacts their ability to maintain a full-time course of study.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Between what dates is this recommendation valid?
From ___/___/______ until ___/___/______

☐ I certify that the above-named individual is a patient/client in my care. In my professional opinion, it is not advisable for this student to attend classes full-time, given the above described condition. I recommend that this individual be granted permission to register for less than a full-time course of study.

Full Name: ________________________________ Telephone Number: ____________________
Signature: ________________________________

Check which applies: ☐ Licensed Medical Doctor ☐ Doctor of Osteopathy ☐ Licensed Clinical Psychologist

Name and Address of Practice: __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________