



Medical Reduced Enrollment Request

IMPORTANT INFORMATION

- You must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate the illness or medical condition
- A new request must be submitted (and approved) each semester, and prior to reducing your enrollment
- If approved for less than full time due to medical reasons, you are not allowed to work
- You may reduce enrollment for medical conditions for **no more** than twelve months accumulated, or three semesters

TO BE COMPLETED BY STUDENT

Last Name _____ First _____ Middle _____

Student ID _____ SEVIS ID _____

Date of Birth (mm/dd/yyyy) _____ Male Female

Address _____ Phone _____

City/State/Zip Code _____

The following information must be included on office letterhead, signed and dated by the doctor.

Doctor Information	Patient Information
<ol style="list-style-type: none">1. Name2. License Number (optional)3. Practice/Specialty	<ol style="list-style-type: none">1. Name2. Diagnosis3. Date of diagnosis4. Specific number of credit hours or courses recommended by doctor5. Justification for reduced course load

TO BE COMPLETED BY INTERNATIONAL ADMISSIONS OFFICE

Semester/Year of reduced enrollment _____ I-20 Ending Date _____

Medical Reduced Enrollment Approved Not Approved

Reason (If not approved) _____

DSO Name _____ Date _____