



Medical Reduced Enrollment Request

IMPORTANT INFORMATION

- You must provide medical documentation from a licensed medical doctor, a licensed doctor of osteopathy, a licensed psychologist, or a 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
1. Name 2. License Number (optional) 3. Practice/Specialty	1. Name 2. Diagnosis 3. Date of diagnosis 4. Specific number of credit hours or courses recommended by doctor 5. Justification for reduced course load

TO BE COMPLETED BY INTERNATIONAL STUDENT ADMISSIONS & COMPLIANCE

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

Medical Reduced Enrollment Approved ☐ Not Approved ☐

Reason (If not approved) _____

DSO Name _____ Date _____