

**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 8 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:** Email the completed form to the ISS Adviser or Drop it in the office.