



Medical Request for Approval to Take a Reduced Course Load

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. This form serves as a request for approval to take a reduced course load due to illness or medical conditions.

Permission from the PDSO must be obtained before the student registers for classes. An F-1 student who drops below a full course of study without prior approval will be in violation of status.

A reduced course load or withdrawal due to an illness or medical condition cannot exceed 12 months while pursuing a course of study at a particular program level. A request for approval form must be completed each semester if more than one semester is needed.

Along with this completed form, submit an official letter from a licensed practitioner that substantiates the illness or medical condition and recommends a reduction in course load or a withdrawal from the institution for a specified term. Requests will not be approved if supporting documentation is not provided.

If the request is approved, students must resume a full course of study in the next available semester in order to maintain valid non-immigrant student status.

I. STUDENT INFORMATION

Student Name _____

Morrisville ID# _____ Email _____

Major _____ Ant. Graduation Date _____

Term of Reduced Course Load Fall _____ Spring _____

I certify that all the information provided for this request is true and correct.

Advisor Signature _____ Date _____

II. OFFICE USE ONLY

Approved _____ Denied _____

PDSO Name _____

PDSO Signature _____ Date _____