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## 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 medical doctor, osteopathy, or licensed clinical psychologist 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. Grad Date \_\_\_\_\_

Term of Reduced Course Load      Fall 20\_\_\_\_      Spring 20\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### II. OFFICE USE ONLY

PDSO Name \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

PDSO Signature \_\_\_\_\_ Date \_\_\_\_\_