

## Reduced Course Load (Medical Condition)

International students are allowed to register for less than a full course load (undergraduate: 12 credits, graduate: 9 credits) anytime during their program of study for a maximum duration of 12 months.

**A medical physician must provide an official letter of recommendation on physician letterhead in addition to completing this form.**

***Regulation Source: 8 C.F.R. § 214.2(f) (6) (iii) (B) Medical conditions.*** The DSO may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full time for each new term, session, or semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce his or her course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.

**Part A: To be completed by the Student**

Last Name	First Name	SIU student ID #
Date of Birth (month/day/year)	Major	Degree Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Phone Number	E-mail Address	
U.S. Address (street, apt number, city, state, zip)		
Course Name and # of Credits Requesting to drop due to medical reason		Anticipated Duration of Medical Leave
First Term of Requested for RCL: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		
Student Signature: _____ Date: _____		

Note: This form and letter are only good for 1 term and must be redone if the medical leave needs to be extended.

**Part B: To be completed by Physician**

I am eligible to advocate for this student because I am a ☐ physician

- Attach an official letter of recommendation to this form (must include student's name, the length of time/dates and how many credits are recommended during the reduced course load) and sign below.

**I recommend that the student named above be allowed to register for less than a full course of study, during the term requested above, due to a medical condition.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please return this form to the address at the bottom of this form or return it to student who  
can bring the documents to the PDSO/DSO/Registrar's office on campus.**

Notes:

---

---

---

---

**For PDSO/DSO/Registrar/Academic's office use only:**

- ☐ **Approved Date stamp by International Student Advisor**
- ☐ **Approved by Academic Director**
- ☐ **Approved by the Registrar**
- ☐ **Approval e. mail sent**
  
- ☐ **Denied by International Student Advisor**    ☐ **SEVIS updated**

**Advisor/PDSO/DSO Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_