



F-1 Medical Reduced Course Load Recommendation

International students in F-1 student visa status are required to enroll full time each fall and spring semester. Federal regulations permit a Designated School Official (DSO) to authorize a reduced course load when a student has a medical condition that prohibits them from enrolling in a full course of study. Documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist is required.

STUDENT: Please sign below to authorize the release of your medical information to International Student Services in support of your request for a reduced course load.

Student Name (Print): _____ UID: _____

Student's Signature: _____ Date: _____

Completion of this form does not automatically grant a Reduced Course Load. Do NOT drop any courses without prior authorization from a DSO. If you drop below a full course of study without prior DSO authorization, your SEVIS record will be terminated for unauthorized reduced course load.

To be Completed by a Licensed Health Care Provider:

Dates of Treatment: from _____ to _____

Does the above-named student have a temporary illness or medical condition that affects their ability to pursue a full course of study? _____ Yes _____ No

I certify that the above student should not pursue a full course load for the _____ semester because his or her medical condition affects (check all affected areas):

Class attendance

Homework assignments

Long-Term Projects

Other: _____

I recommend this student: _____ Pursue a reduced course load _____ Withdraw from all courses

By signing this recommendation form, you are substantiating the above-named student's illness or medical condition. Undergraduate Admissions – Immigration will use this information to determine if the student is eligible for a reduced course load or no enrollment for one semester based on a medical condition.

Name and Title of Health Care Provider: _____

Name of Clinic or Hospital: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

Return form to internationalstudents@tarleton.edu