MEDICAL REDUCED COURSE LOAD PROVIDER FORM

This form is to request a reduced course load due to a student’s temporary illness or other medical condition. All international students on an F-1 or J-1 visa are required to maintain full time credit hours each semester, unless authorized by International Student & Scholar Services for a reduced course load, in order to maintain their immigration status in the U.S.

Please Note:

According to the Department of Homeland Security, 8 C.F.R. 214.2 (f)(6)(iii)(B) for F-1 status and 22 C.F.R. 62.23(e) for J-1 status, a student is allowed a maximum of 12 months (roughly 3 semesters) of Medical Reduced Course Load. Should a student need more time on a reduced course load, students MUST speak with ISSS to review further options.

Medical reduced course loads SHOULD NOT be used for temporary, non-severe illnesses and are not intended for students attempting to circumvent minimum course requirements for non-medical reasons (course preference, financial difficulties, etc). Pregnancy and childbirth are considered medication conditions for the purpose of this form.

Medical providers who sign this form MUST be either: a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. Providers in any other areas will not be accepted.

Student Information:

First Name________________________________      Last Name____________________________________

By signing this form, I am acknowledging:

Please initial in each box

☐ I am a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist

☐ I have officially assessed the student’s medical situation

☐ Due to the student’s medical condition, I recommend that s/he be approved for less than a full course load in the indicated semester. (Full course load for Undergraduates: 12 credits, Graduates: 9 credits, or 3 Thesis credits)

Please provide a brief description of the medical reason student is recommended to reduce enrollment:


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Please initial in one of the appropriate boxes

☐ I recommend the student take a reduced course load during the indicated semester

☐ I recommend the student takes no classes (0 credits) during the indicated semester

Please circle the term(s) you are recommending this reduced course load

Spring  Summer  Fall    Year:_______________

If this student is currently employed, is continued employment appropriate or recommended during this medically reduced course load period? Please initial in the appropriate box

☐ Yes  ☐ No  ☐ N/A

By signing below, I acknowledge that I am supporting a medically reduced course load for this student. To the best of my knowledge, the above information is complete and accurate.

__________________________________________________                  _____________________
Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist  Signature  Date

_____________________________________________
Printed Name

_______________________________________________________________________________________________
Name of Office/Clinic

__________________________________________                   _____________________________________________
Phone Number      Email Address

FOR UNIVERSITY OF UTAH COUNSELING CENTER USE ONLY (Please sign acknowledging support of medical reduced course load in addition to Clinical Psychologist Signature above)

__________________________________________  _____________________________________________
Signature of Licensed Counselor     Printed Name

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