

MEDICAL REDUCED COURSE LOAD PROVIDER FORM

ISSS office 02/17/2023



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 in order to maintain their immigration status in the U.S. unless recommended by an approved medical provider and authorized by International Student & Scholar Services for a reduced course load.

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).**

Medical Professional Requirements:

Student First Name: _____ Last Name: _____ UNID # _____

According to the regulations, ONLY a licensed medical doctor (MD), a doctor of osteopathy (DO) or Licensed Clinical Psychologist (LCP) can recommend the reduction in studies.

1. Please check the term you are recommending this reduced course load: Spring 20__ **OR** Summer 20__ **OR** Fall 20__

2. 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

3. Please provide a brief description of the medical reason student is recommended for reduce enrollment:

5. **If this student is currently employed, is continued employment appropriate or recommended during this medically reduced course load period?** (Full-time employment is not permitted during a medically reduced course load semester. Part-time employment may be approved if it is directly related to promoting the student's health and wellness). 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.

Title: Licensed Medical Doctor (MD) Doctor of Osteopathy (DO) Licensed Clinical Psychologist License #: _____

Medical Provider's Name: _____ Phone Number: _____

Provider's Signature: _____ Date: _____

Name of Clinic and address: _____

ADDITIONAL SIGNATURES:

FOR UNIVERSITY OF UTAH HEALTH CARE PROVIDERS (Please sign acknowledging support of medical reduced course load in addition to Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist Signature above)

Health Care Provider's Name: _____ Provider's Signature: _____

Title: Licensed Counselor DNP Other: _____ Date: _____

****Please note: falsifying documents or submitting fraudulent documents is a serious offense. Students engaging in fraudulent behavior may be subject to university and/or immigration sanctions.****