



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

Address

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