Reduced Course Load for F-1 Students: Medical Reason

Federal regulations require that international students must pursue a full-time course of study during every academic session except for the annual vacation. A temporary illness or injury for which the student is receiving medical care is a valid reason for reducing or interrupting the program of study.

Limitations:

According to the regulations, the student must submit this written statement from a licensed medical doctor (MD), a doctor of osteopathy (DO) or Licensed Clinical Psychologist recommending the reduction in studies. *No other* medical or counseling professional is given the authority under the regulations to support a medical reduced course load request. Reduced course loads can not be approved for a previous quarter.

*Note for the student*: Reduced course load enrollment for medical reasons must not exceed a total of 12 months during your course of study. If your medical reason is ongoing, you may need to 1) exit the US and return when you are able to undertake a full course load or 2) apply to change to a new visa classification suited for long term medical treatment in the US. Reducing your course load credits to zero may affect your ISHIP insurance coverage and/or your eligibility for campus services. Please consult the Insurance Counselor, Chris Dessert, at studins@uw.edu as soon as possible to discuss your options.

**TO BE COMPLETED BY THE STUDENT**

(A new form must be completed each quarter.)

Last Name ____________________________________  First Name__________________________________________

Student ID Number_____________________________  SEVIS ID Number______________________________

Department_____________________________________  Degree Level_______________________________

Proposed number of credits ____________      Quarter (circle one):  Autumn     Winter     Spring             Year: _________________

(If you are seeing a practitioner in another country, please verify their credentials are equivalent to an MD, DO, or licensed clinical psychologist.)

**TO BE COMPLETED BY THE MEDICAL PROFESSIONAL**

I am (check one):

 o Medical Doctor (MD)
 o Doctor of Osteopathy (DO)
 o Licensed Clinical Psychologist

I support the student’s request for a:

 o Full course reduction (zero credits)
 o Part-time course reduction _____________ credits for the term.

________________________________________________________
Signature

Stamp or Seal

Comments:

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