

# Medical Reduced Course Load Request Form

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Federal F-1 immigration regulations require F-1 international students to enroll full-time during Fall and Spring semesters. "Full-time" at Saint Paul College is defined as 12 credit hours for Associate degree programs and 18 credit hours for English for Academic Purposes (EAP) high intermediate and advanced level programs.

Under CFR 214.2(f)(6)(iii)(B), the college "may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study... In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist...**".

A medical reduced course load is valid only for one academic term and must be renewed each new term, based on new or continuing medical information.

Student Name: \_\_\_\_\_ Tech ID: \_\_\_\_\_

## Attention Medical Professional:

The above-named student is an F-1 international student at Saint Paul College. This student is seeking a reduced course load for a medical condition and "...must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist" to receive authorization to reduce their course load.

We require your signed recommendation to authorize this reduced course load for the student.

*Due to HIPAA, we request that you fill out only this form and do not provide any diagnostic or personal medical information.*

I, \_\_\_\_\_, certify that I am a **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist** in the state of \_\_\_\_\_.

I certify that it is necessary for \_\_\_\_\_ (student name) to be released from enrollment requirements due to a medical condition during the \_\_\_\_\_ (Fall or Spring, Year) semester. I am recommending them to take \_\_\_\_\_ (0-11) credit hours during the above-named semester.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

*Updated: October 2023*