

## 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 in order to maintain their immigration status in the U.S. unless recommended by an approved medical provider and authorized by International Student & Scholar Center 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 two semesters** of Medical Reduced Course Load. Should a student need more time on a reduced course load, students **MUST** speak with ISSC to review further options. A Medical Reduced Course Load **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:

**According to the regulations, ONLY a licensed medical doctor (MD), psychiatrist, doctor of osteopathy (DO), licensed psychologist, or clinical psychologist can recommend the reduction in studies.**

### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ University ID# \_\_\_\_\_

### To be completed by a U.S. Licensed Medical Doctor, Psychiatrist, Doctor of Osteopathy, Licensed Psychologist, or Clinical Psychologist:

- Please check the term you are recommending this reduced course load:  Spring 20\_\_\_\_ **OR**  Summer 20\_\_\_\_ **OR**  Fall 20\_\_\_\_
- Please initial in ONE of the appropriate boxes:
 

<input type="checkbox"/> I recommend the student take a reduced course load during the indicated semester	<input type="checkbox"/> I recommend the student takes no classes (0 credits) during the indicated semester
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- Please provide a brief description of the medical reason student is recommended for reduce enrollment:

- 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 reduced course load for medical reasons 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    Date: \_\_\_\_\_  
 Licensed Psychologist                       Clinical Psychologist

Medical Provider's Name: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_

Name of Clinic and address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ADDITIONAL SIGNATURES:

**FOR ASU HEALTH CARE PROVIDERS** (Please sign acknowledging support of medical reduced course load in addition to U.S. Licensed Medical Doctor, Psychiatrist, Doctor of Osteopathy, Licensed Psychologist, or Clinical Psychologist signature above.)

Health Care Provider's Name: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_

Title:  Licensed Counselor     DNP     Other: \_\_\_\_\_ Date: \_\_\_\_\_