



Request for Reduced Course Load Due to Medical Condition

All international students on F-1 and J-1 status are required to be enrolled full time during the academic year. Undergraduates must maintain 12 units. Graduate students must maintain 12 units or equivalent (8 units of 500-level courses). Graduate students in the College of Engineering, Computer Science and Technology are considered full time with 8 units.

USCIS regulation allows students to be enrolled less than full time ONLY in specific situations. **Prior approval** from the International Office is required before a student can drop below a full course load. Students who fail to obtain approval will be considered out of status and the violation will be reported to U.S. Department of Homeland Security. All requests must be submitted to the International Office no later than the ADD DEADLINE of the term.

An email will be sent to students providing approval or denial of this request within 5 business days after submission. Students with approval from the International Office must also satisfy their college's requirements and procedures for dropping a course, either through GET or by filing a petition.

In order to submit Request for Reduced Course Load for illness/medical condition:

- Student must provide an original letter on official letterhead from licensed medical doctor or clinical psychologist confirming illness/condition.
- The doctor's letter must indicate recommendation for a reduced course load of specific number of units or withdrawal for a specific term.
- Request for less than full time or withdrawal from all classes due to medical/illness is restricted to 12 months cumulative of the student's length of study in the U.S.
- Student must resume full course of study in the next available quarter.

TO BE COMPLETED BY STUDENT:

Name: _____ CIN: _____
Family/Last First Middle

Major: _____ Email Address: _____

Requested for: Fall Winter Spring Year: _____ Proposed Units: _____

Letter from licensed medical doctor or clinical psychologist must include:

- Recommendation of Quarter and Units
- Substantiation of the student's illness or medical condition
- Signature of medical doctor or clinical psychologist
- Name and Title of medical doctor or clinical psychologist
- Name of the hospital / doctor's office
- Address of the hospital / doctor's office
- Phone number

TO BE COMPLETED BY IO:

Approve _____ Deny _____ Date Student Notified by Email/Entered on Database: _____

IO Counselor's Initials: _____ Date Entered on SEVIS: _____

Request for Reduced Course Load

Alternatives to Dropping a Course

The following options are available to F-1 students without the International Office authorization. Students should see their department academic advisor for more information.

- **CHANGE TO A NEW COURSE:** Drop an unwanted course and add a new one in GET or by petition BEFORE deadlines posted in the Schedule of Classes.
- **SWITCH TO ‘CREDIT’ OR ‘NO CREDIT’:** If available, change the grading from the traditional grade to “Credit” or “No Credit”.
- **‘INCOMPLETE’:** If available, get instructor’s consent to receive an “Incomplete”, which can be completed in the following quarter. An “Incomplete” may be used to satisfy the immigration requirement of full time enrollment for that enrolled term.
- **COMPLETE AND RE-TAKE THE CLASS:** Finish the course in the current quarter and re-take it in a later quarter. You should consult with your department academic advisor how this would affect your overall Grade Point Average and transcripts.

SPECIAL NOTE: FAILURE TO COMPLETE A CLASS AND RECEIVING “UNAUTHORIZED WITHDRAWAL” (“WU”) OR WITHDRAWAL (“W”) MAY NOT BE USED TO SATISFY THE IMMIGRATION REQUIREMENT OF FULL TIME ENROLLMENT.

Sample Letter from Licensed Physician

(All letters must be printed on official letterhead)

Month, Day, Year

USCIS California Service Center
P.O. Box 10765
Laguna Niguel, CA 92607-0765

Dear Sir or Madam:

FOR PART TIME STUDY: Jane Bruin is currently under my care for a medical illness/condition. *<Provide description of illness>*. It is my professional opinion that the nature of this condition is/will interfere with her ability to continue her studies full-time. I do feel that her condition will not prevent her from continuing her studies on a part-time basis. I therefore recommend that she reduce her course load to _____ units for *<indicate the specific quarter>*.

FOR WITHDRAWAL FROM ALL COURSES: Jane Bruin is currently under my care for a medical illness/condition. *<Provide description of illness>*. It is my professional opinion that the nature of this condition is/will interfere with her ability to continue her studies. I therefore recommend that she withdrawal from all coursework for at least *<indicate recommended length of time or specific quarter>*.

Sincerely,
John Smith
Doctor/Therapist