



Medical Reduced Course Load Approval Form

I. OVERVIEW

International students in F-1 immigration status are required to be registered full-time during each required semester. It is possible to secure approval for a Reduced Course Load if the student has a medical or psychological condition that, in the opinion of a licensed physician, doctor of osteopathy, or licensed clinical psychologist or therapist, the student is recommended to not attend classes during the specified time.

II. STUDENT INFORMATION – TO BE COMPLETED BY THE STUDENT

Student’s name: _____

Wheaton ID#: _____

Requested term to drop below full-time: Fall or Spring (circle one)

Year: _____

Student Signature: _____

Date: _____
MM/DD/YYYY

III. MEDICAL RECOMMENDATION –TO BE COMPLETED BY DOCTOR

Please explain, in as much detail as possible, the nature of the patient’s medical issue and how it impacts the patient’s ability to maintain a full-time course of study.

I certify that the above named individual is a patient in my care. In my professional opinion, it is not medically advisable for this student to attend classes full-time, given the aforementioned condition. I recommend that this individual be granted permission to register for less than a full-time course of study.

Signature: _____

Printed Name: _____

Date: _____
MM/DD/YYYY

Name and Address of Practice:

