



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:
