



## Medical Request for Part-Time Status or Leave of Absence (for F-1 Students)

According to the F-1 regulations at 8 CFR 214.2 (f)(6)(iii)(B), the Office of International Student Services (OISS) “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 at a particular program level. 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, to the DSO (Designated School Official in the OISS) to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course each new term, session, or semester.” “A student who drops below a full course of study without prior approval of the DSO will be considered out of status.”

### ***Part A--To be completed by the Student, then given to the Academic Advisor/Dean to complete Part B before submitting to the OISS:***

Family Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Regent Email Address: \_\_\_\_\_  
\_\_\_\_\_ Personal Email: \_\_\_\_\_  
Major: \_\_\_\_\_ School/College: \_\_\_\_\_  
Degree: \_\_\_ B.S./B.A. \_\_\_ Master \_\_\_ Doctorate \_\_\_ JD Credits Accumulated to Date: \_\_\_\_\_  
Anticipated Graduation/Completion Date: \_\_\_\_\_ Completion Date on I-20: \_\_\_\_\_

- For the \_\_\_\_\_ semester, I am requesting (please check one):  
\_\_\_ an authorized drop below full-time status to \_\_\_\_\_ credit hours; OR  
\_\_\_ a medical leave of absence with 0 credit hours.  
If requesting a leave of absence, where will you spend that leave? \_\_\_ in the U.S. \_\_\_ outside the U.S. \_\_\_ both
- Is the medical documentation from your doctor attached? \_\_\_ Yes \_\_\_ No
- Do you understand that your medical leave cannot exceed 12 months total & that you will need to provide additional & updated medical documentation if you wish to request part-time status/medical leave of absence for an additional semester?  
\_\_\_ Yes \_\_\_ No
- Do you understand that you cannot drop to part-time status/begin your leave of absence until you receive a written approval from the OISS via email? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Today's Date)

### ***Part B—To be completed by the Student's Academic Advisor/Dean & Returned to the Student:***

The academic department acknowledges and approves this student's request to: \_\_\_ drop to part-time status  
OR \_\_\_ take a medical leave of absence for the: \_\_\_ Fall \_\_\_ Spring, 20\_\_\_ semester.

\_\_\_\_\_  
(Signature of Academic Advisor/Dean)

\_\_\_\_\_  
(Printed Name of Academic Advisor/Dean)

\_\_\_\_\_  
(Today's Date)

### ***Part C--To be completed by the OISS:***

I have reviewed the medical documentation for this student's request to drop below full-time status/take a medical leave of absence for the \_\_\_\_\_ semester, and this request \_\_\_ is / \_\_\_ is not approved. If approved, the authorized drop/leave was/will be entered into SEVIS on \_\_\_\_\_, and the student was notified by email on \_\_\_\_\_.  
(Date) (Date) 1/28/09