The University of Oklahoma
Office of International Student Services

Reduced Course Load Request: Medical Reasons

International students must obtain approval from International Student Services (ISS) BEFORE dropping below a full course load. When ISS approves the form, you must take the form to your Academic Advisor to receive a drop slip. If you drop the course before OU ISS approval, you may lose your immigration status.

Section A. To be completed by student.

OU ID: ________________________________ Email: ________________________________
Name: __________________________________________
Last (family) First Middle
Phone Number: ___________________________ Expected degree completion date: _______________
Signature: __________________________________ Date: ____________________________

Section B. To the licensed medical doctor, doctor of osteopathy or licensed clinical psychologist:

The international student in your care requests authorization to engage in less than a full course load due to a temporary illness or medical condition. Federal law requires the student provide written documentation from you that substantiates this request. Please provide the student with written documentation, on your original letterhead, that includes all of the following information:

- Name of student/patient
- Description of the student’s/patient’s temporary illness and how it precludes him/her from engaging in a full course load (Any medical information obtained by International Student Services for this purpose is protected under FERPA.)
- Whether you recommend the student to take a reduced course load or no courses at all due to his/her temporary illness or medical condition
- The specific semester (ex: “Spring 2013”) for which you recommend a reduced or no course load due to this condition
- Your original signature and date
- Your practice address and phone number

Section C. To be completed by the International Student Services Advisor.

ISS Advisor Printed Name: ________________________________
Signature: ____________________________________________
Date: ____________________________ Date RCL entered into SEVIS: ____________________________