



Recommendation for a Reduced Course Load Due to an Illness or Medical Condition

A student may be authorized to enroll in less than full-time coursework, or if necessary, in no classes at all, due to a temporary illness or a medical condition. This form is valid for one quarter only.

In accordance with 8 CFR 214.2 (f)(6)(iii)(B), in order to be authorized a reduced course load, the student must provide UC International Services medical documentation from a U.S. licensed medical doctor, doctor of osteopathy or licensed clinical psychologist to substantiate the illness or medical condition.

Section Completed by a U.S. Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist	
Student's Name	
Quarter for Recommended Reduced Course Load (please check one)	<input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Winter 20_____ <input type="checkbox"/> Spring 20_____ <input type="checkbox"/> Summer 20_____
Due to Illness or Medical Condition, I Recommend (please check one)	<input type="checkbox"/> Reduced Academic Course Load <input type="checkbox"/> Total Withdrawal / No Enrollment
Estimated Length of Problem	
Health Care Provider's Name	
Signature	
Date of Signature	
Stamp, if applicable	
Address and Phone Number:	
Additional Comments:	

Please attach a business card with this form. This form with an attached business card can be scanned, faxed, mailed, or dropped off at UC International Services. Your assistance in filling out this form is greatly appreciated. If you have any questions, please contact: UC International Services, 3134 Edwards Center One, 51 W. Corry Street, Cincinnati, OH 45221. 513-556-4278 (phone); 513-556-2990 (fax), international.students@uc.edu (email).