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

To be completed by a Licensed Medical Doctor, Doctor of Osteopathy or Licensed Clinical Psychologist

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. An aggregate of 12 months is the maximum time a student is allowed this exception to full-time enrollment. This form is valid for one semester only.

In accordance with 8CFR 214.2(f)(6)(iii)(B), in order to authorize a reduced course load, the student must provide to the Designated School Official (DSO) medical documentation from a licensed medical doctor, doctor of osteopathy or licensed clinical psychologist.

Are you a Government Sponsored student or seeking Government Sponsorship? □ Yes □ No
If yes, have you already received permission from your Government to be below full-time? □ Yes □ No

This form with an attached business card can be faxed, mailed or dropped off at:
University of Kentucky International Center, 214 Bradley Hall, Lexington, KY 40506-0058
Phone: (859) 323-2121, FAX (859) 323-1026.

Your assistance in completing this form is greatly appreciated.

Student’s name:

Semester for Recommended Reduced Course Load:

Due to illness or medical condition, I recommend (check one):

☐ a reduced course load this semester.
☐ total withdrawal (no enrollment) this semester.

Estimated Length of Problem:

Health Care Provider’s Name:

Signature:

Date of Signature:

Address and Phone Number:

Additional Comments: