

**International Student  
Request for Reduced Course Load  
for a Medical Condition**



Complete this form with the required documentation from a medical professional. Submit the form to a UNA Designated School Official (DSO) at [oiaservices@una.edu](mailto:oiaservices@una.edu).

**Notes on Reduced Course Load**

- Reduced Course Loads pertains only to the Form I-20 and student status. The student must still withdraw the UNA classes through the UNA Registrar.
- The student is still responsible for any outstanding tuition and fees owed to UNA.
- Since you are remaining in the US, you must still pay for the International Student Health insurance.
- Unless you are granted specific permission, you may not live in UNA residence halls or apartments during the semester if you are not enrolled in classes during that semester.
- Processing may take as long as five (5) business days during busy times.
- Incomplete forms will delay processing.

You are still required to be in contact with the Office of International Affairs and your DSO on a regular basis and to report all changes of address within 10 days.

**Code of Federal Regulations**

(B) Medical conditions. The DSO 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 to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below full course of study each new term, session, or semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce his or her course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.

Full Course of Study per semester			
ESL	Bachelor's	Master's Prerequisites	Master's
5 classes (term)	12 credit hours	12 credit hours	9 credit hours
10 class (semester)	(min. 9 face-to-face)	(min. 9 face-to-face)	(min.6 face-to-face)

## Part 1: About the Student

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Student ID Number: L00 SEVIS Number: N00  
UNA E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Part 2: From the Licensed Medical Professional

The student named above is an international student at the University of North Alabama who is in the US on an F-1 visa. As a condition of entry into and presence in the US, the student is required to maintain a full course load of classes (see previous page). In certain documented circumstances, an international student may remain in the US without fulfilling this requirement. This student is seeking a Reduced Course Load for a medical condition and "must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition" to receive the authorization. The student can reduce enrollment down to zero credit hours if it is deemed medically necessary.

For HIPAA reasons we do not ask for medical information but do request your signature on the certification below. If the student permits, the inclusion any documentation of the medical condition is welcome, however it is not required.

### Certification

I, \_\_\_\_\_, certify that I am a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist in the state of Alabama. I certify that it is necessary for \_\_\_\_\_ to be released from enrollment requirements due to a medical condition. He/she is recommended to take \_\_\_\_\_ credit hours for the time period listed below.

Date student should be released from studies: \_\_\_\_\_

Date student should be able to resume studies: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Medical Practice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_