

INTERNATIONAL STUDENTS SERVICES
 3000 NW 83rd Street
 Building S, Room 310
 Gainesville, FL 32606
 Phone 352-395-5607/Fax 352-395-4484
international@sfcollge.edu



REQUEST FOR REDUCED COURSE LOAD DUE TO MEDICAL CONDITION

An F1 student that is intending to take less than 12 credit hours must complete and submit this form to the Office of International Student Services (ISS) or email it at international@sfcollge.edu. The information requested on this form is required by Santa Fe College to authorize a reduced course load due to a medical condition. Please submit this completed form along with a letter of a U.S medical doctor concerning the medical condition.

I. To be completed by the Student:

Last Name	First Name	SFID
E-mail	Degree Level	Major of Study
Semester	Year	

I initially registered for a full-time course load but I am now requesting approval for:
 _____ reduced course load _____ no course load

Due to a medical condition preventing me from assuming a full-time course load. Attached to this request is a **letter from my U.S.-based AND U.S.-licensed medical doctor or clinical psychologist concerning the medical condition and his/her recommendation.**

I understand that I cannot reduce my course load until I obtain authorization from ISS. I understand that should I be approved for this semester, the approval is valid only for the current semester. Should my medical condition continue, I will need to submit (1) a new request for the subsequent semester and (2) new and current documentation from my medical doctor, doctor of osteopathy or clinical psychologist.

I also confirm that I am aware that all approvals for reduced course load due to a medical condition cannot exceed an aggregate total of 12 months for the duration of my current academic program.

I attest that my medical condition documented herein, is true and valid.

_____	_____
Student's Signature	Date

II. To be completed by ISS Advisor (Designated School Official):

In accordance with 8 CFR 214.2(f)(6)(iii)(B):

____ Student's request for reduced course load is APPROVED.

____ Student's request is DENIED. He/She must remain registered for a full-time course load to remain in compliance with immigration regulations.

Notes: _____

ISS Advisor/DSO: _____ Signature: _____ DATE: _____