



Medical Reduced Course Load Approval Form

I. Overview

International students in F-1 immigration status are required to be registered full-time during each required semester. It is possible to secure approval for a Reduced Course Load if the student has a medical or psychological condition that, in the opinion of a licensed physician, doctor of osteopathy, or licensed clinical psychologist, the student is incapable of attending class during the specified time.

II. Student Request

Full name of student: _____

FlashLine ID #: _____ Date of birth: ____/____/____
MM DD YYYY

I hereby authorize the medical provider below to complete this form and submit it to the Kent State University Office of Global Education.

Signature: _____ Today's Date: ____/____/____
MM DD YYYY

III. Medical Recommendation -- To Be Completed by the Physician

Provider Name: _____

I certify that the above-named individual is a patient in my care. In my professional medical opinion, it is not medically advisable for this student to attend classes full-time. I recommend that this individual be granted permission to register for less than a full-time course of study as indicated below: (check one):

- () register for less than a full-time course of study or
- () with draw from classes for the _____ term _____
semester year

Full Name of Provider: _____

Please attach a business card unless practice is Kent State University Health Services.

Telephone Number: _____

Name and Address of Practice: _____

Return this form directly to the student to submit with Request for Reduced Course Load Authorization Form.