



Date rec'd by ISC

# Doctor's Letter for Reduced Course Load

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Student's Signature

To the Physician:

The above referenced student is currently enrolled as a full-time international student at Mission College. According to current regulations set forth by the Department of Homeland Security, all international students must maintain full-time student status: 12 credit hours for college credit students and 20 hours/week for intensive English students, at their current school in order to remain in valid non-immigrant status.

One of the exceptions to this regulation is that an international student can take a reduced course load or not be enrolled for a semester if s/he has a medical condition or illness that prevents the student from going to class on a full-time basis. *Normal pregnancy, without any medical complications or risks, is not considered an illness by these regulations.*

Reduction of course load for medical condition or illness cannot be granted for more than an aggregate of twelve (12) months per education level while studying in the U.S.

If you feel that this student cannot/should not continue to maintain his/her full-time student status due to health reasons, please indicate this by completing the requested information below. If you have any questions, please call our office at (408) 855-5110. This form can be faxed to our office at (408)727-6043.

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

Please provide a brief description as to why this student cannot/should not maintain his/her full-time student status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

It is my judgment that \_\_\_\_\_ cannot return to full-time student status for the remainder of the current semester or during the dates from \_\_\_\_\_ until \_\_\_\_\_, and that s/he should be  enrolled part-time \_\_\_\_\_  enrolled in no courses  
# of units

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**\*\*THIS FORM IS VALID FOR ONLY ONE SEMESTER\*\***

*Please affix seal /stamp, or attach business card.*

**\*\*\*International Student Services Use ONLY\*\*\***

Approved:

SEVIS Update Required

Excel Active Sheet notation- RCL type  
Restrictions (See Comments for explanation)

Denied:

(See Comments for explanation)

DSO Comments:

\_\_\_\_\_  
DSO Initials and Signature

\_\_\_\_\_  
Date SEVIS Update Completed