

**International Student and Scholar Services
Binghamton University Box 6000
Binghamton, New York 13902-6000
607-777-2510 (phone)
607-777-2889 (fax)**

**REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD
DUE TO ILLNESS OR MEDICAL CONDITION
FOR STUDENTS IN F-1 STATUS**

This form is provided for your convenience. The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations, for students applying for approval to take a reduced course load or withdraw from all courses due to an illness or medical condition. **Permission from the Office of International Student and Scholar Services MUST be obtained before you drop the course(s) or withdraw.** If you drop below a full course of study or withdraw without the **prior** approval of the Office of International Student and Scholar Services, you will be in violation of federal regulations governing F-1 students and will be considered to be out of status.

A reduced course load or withdrawal from school due to an illness or medical condition cannot exceed an aggregate of 12 months while you are pursuing a course of study at a particular program level. A request form must be completed for each semester, if more than one semester of reduced course load or withdrawal is needed.

In order for the Office of International Student and Scholar Services to approve the request, you must provide a letter on medical office stationery, from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition, and recommends a reduction in course load or a withdrawal from school for a specific semester. Attach the letter to this form. If you cannot submit the required documentation, or if the documentation does not include the required information, your request **cannot** be approved.

If your request **is** approved, you must resume a full course of study in the next available semester in order to maintain student status.

Student Completes This Section:

Student Name: _____ Degree Sought: Bachelor's
(please print) Master's
Student's B Number: _____ PhD
E-Mail: _____ Phone: _____
Field of Study: _____ Today's Date: ____/____/____

I have attached to this form a letter on medical office stationery, from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition and recommends a reduced course load or withdrawal from school for a specific semester.

For Office Use Only

ISSS Action & Date: _____ Initials: _____ Entered in SEVIS (Date): _____
Student notified via e-mail (date): _____ SEVIS RTI Screen Printed: _____