Queens College
The City University of New York

International Students and Scholars Office (ISSO)
65-30 Kissena Blvd., Student Union, Room 327,
Flushing, NY 11367
Phone: (718) 997-4440 Fax: (718) 997-4429
e-mail: iss@qc.cuny.edu
http://www.qc.cuny.edu/isso

REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD DUE TO 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 a medical condition.

Permission from the International Students and Scholars Office (ISSO) MUST be obtained before you drop the course(s). If you drop below a fulltime course of study or withdraw without the prior approval of ISSO), you will be in violation of federal regulations governing F1 students and will be considered to be out of status.

A reduced course load or withdrawal from school due to a 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 International Students and Scholars Office to approve the request, you must provide current medical documentation 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. Attach the documentation 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: _____ ____ Bachelor's
First Last ____ Master's

Student ID or SS No.:_____

E-Mail: _____ Phone:_____

Field of Study _____ Today's Date: _____/_____/_____

I have attached to this form current medical documentation 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 Office Use Only
ISSO Action:_____

Date: _____ Initials:_____ Entered in SEVIS(Date):_____

Student notified via email(date):_____ SEVIS RTI Screen Printed:_____

PLEASE RETURN THIS FORM AND ATTACHMENTS TO THE INTERNATIONAL STUDENTS AND SCHOLARS OFFICE (ISSO), FRESE HALL, ROOM 211.