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

MEDICAL RECOMMENDATION TO BE COMPLETED BY DOCTOR
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
( ) withdraw from classes

for the ______________________term ______________________year

Full Name of Provider: ______________________________________________
Telephone Number: ________________________________________________
Name and Address of Practice: _______________________________________

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

Return directly to:
International Student and Scholar Services| 625 Loop Road | 106 Van Campen Hall | Kent, OH 44242
www.kent.edu/isss | Phone: 330.672.7980 | Fax: 330.672.4025 | isss@kent.edu