



Use this form to request reduced enrollment for medical reasons.

- 1). May be authorized due to a student's medical condition.
- 2). May be for a reduced course load or no course load if necessary.
- 3). Requests for Medical Reduced Course Loads must be submitted at the beginning of the semester or before dropping or withdrawing from a class.
- 4). A medical reduced course load cannot exceed 12 months at a particular program level. Students must apply for a medical reduced course load each semester.
- 5). Students must provide a letter from a **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist**.
- 6). If the doctor's letter is from a doctor outside of the Tallahassee area, students must get the letter validated by a doctor in the Health & Wellness Center.
- 7). In cases of pregnancy, a student would need a letter from a licensed doctor proving at least one of the following:
 - a medical reason in addition to the pregnancy
 - a high risk pregnancy
 - a due date during the semester (the 6 week recovery period following labor is considered)
 - any other relevant medical reasons

TO BE COMPLETED BY STUDENT

Name: EMPLID:

Local Address:

Telephone: E-mail:

Department: Degree Level:

Intended # of credit hours for this term: Completion date on current I-20:

Term of proposed reduced enrollment: Year:

INSTRUCTIONS FOR MEDICAL FACILITIES

Please fax this form along with a letter on official letterhead from a **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist** verifying the student's medical condition. The letter must also clearly state that the student is unable to maintain full-time enrollment.

Fax: (850) 644-9951

Attention: FSU International Student Advisor

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR

Approved Denied Date:

Name: Signature:

This form is available in alternative format upon request.