



Students may request CGE authorization for part-time or no enrollment due to a medical condition. Students may submit the request at the beginning of a semester or during a semester if they will drop or withdraw from classes. Students must submit this request *before* enrollment goes below a full course of study.

Authorization for a medical reduced course load cannot exceed 12 months at a particular program level.

The CGE will authorize a reduced course load one semester at a time. An extension requires a new application.

Submit this form to your CGE advisor with a letter from a U.S. **licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.** (See sample letter.)

**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:

**TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR**

I am aware of this student's intent to reduce their enrollment or not enroll in the indicated semester. I have advised the student of any consequences to their degree program and the student is aware of university requirements/processes related to this enrollment plan.

Name:  Signature

Student or advisor comments:

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR**

Approved  Denied Date:

Name:  Signature

This form is available in alternative format upon request.

## **SAMPLE LETTER (On professional letterhead)**

Must be from a licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist

This letter can be given to the student or submitted directly to Florida State University's Center for Global Engagement by email: [cge@fsu.edu](mailto:cge@fsu.edu)

*(Doctor's Name)*

*Medical Office Address City, State, Zip code*

*Month, Day, Year*

To the Center for Global Engagement F-1 Advisor:

**(Use option most appropriate for your patient's situation):**

**[Sample of content for recommendation for a reduced course load for the current or upcoming term]**

It is my professional opinion that (Student's Name)'s condition will interfere with their ability to study at Florida State University on a full-time basis. I therefore recommend that the above-named student reduce their course load to a part-time enrollment for the Fall/Spring (*circle one*) 202\_\_ semester.

**[Sample of content for recommendation for no enrollment in the current or upcoming term]**

It is my professional opinion that the nature and ongoing treatment of (Student Name)'s condition will interfere with their ability to continue studying at Florida State University. I therefore recommend that the above-named student withdraw from all coursework (or refrain from enrolling in any coursework) for the Fall/Spring (*circle one*) 202\_\_ semester.

*Sincerely,*

*(MD, DO, Clinical Psychologist signature)*

*(Doctor's Name)*

*(Title/Credential/License #)*