

- recommend the student reduce a course load due to medical reasons. (If you cannot enroll for any courses due to your medical condition, the letter from your medical professional must state this and you will need to complete the *Notice of Withdrawal Form* in Enrollment Services.)
- be signed by a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist.
- substantiate the illness or medical condition and specify which semester the reduced course load is being recommended.

The following wording is suggested: As a "licensed medical doctor" (or doctor of osteopathy or licensed clinical psychologist), I recommend "Student's full name and date of birth" reduce his/her course load (or withdraw from all classes) due to a temporary illness or medical condition for the "appropriate semester."

After receiving permission you may enroll for the number of credit hours agreed upon from your doctor. You may only receive this permission for a maximum of 12 months during your current degree level.

Coursework Completion

- Graduate students who are finishing all required coursework during the term requested or have completed all required coursework to date. This enrollment will be considered full-time for the approved semester (s). **Note:** To be eligible to be considered for this option an approved program of study must be on file in the Graduate School. This option is not available for graduate students employed on graduate assistantships if the appointment is for the entire semester.

Final Semester of Study

- Undergraduate or Master's degree student completing program of study at the end of the current term. **Note:** This option is not available for graduate students employed on graduate assistantships if the appointment is for the entire semester.

After receiving permission, you are eligible to be enrolled for the number of credit hours stated on this form. If you are applying for a reduced course load based on your final semester, the end date on your I-20 or DS-2019 will be adjusted to reflect the actual program completion date and a new I-20 or DS-2019 will be printed for you to pick up.

Do you intend to apply for OPT (Optional Practical Training) or AT (Academic Training) upon completion of your program?

Yes No

Student's Signature: _____ Date: _____

Signature of Major Professor/Academic Advisor (not required if the request is due to Medical Condition)

I hereby certify the reason given for the request to approve a reduced course load is correct. If this request is due to course work completion or final semester, documentation of student's progress must be submitted to the Dean of Graduate School along with this form.

Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail: _____ Phone: _____

Signature of the Dean or Designate of Graduate School (for graduate students only)

Name: _____

Signature: _____ Date: _____

Office Use:

Request for RCL approved: Yes No

I-20/DS-2019 end date shortened: Yes No New I-20/DS-2019 printed: Yes No

Advisor Name: _____

Printed Name

Signature

Date



International Student & Scholar Services

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