



**Medical Condition**

- Temporary illness or medical condition. This form must be submitted with the signature of an appropriate medical official (as described below) as well as a letter on letterhead signed by said official.

**The letter must:**

- 1) recommend the student reduce a course load due to medical reasons. The letter from the medical professional must state the semester and how many credit hours s/he recommends the student be enrolled (even if it is zero);
- 2) be signed by a U.S. licensed medical doctor, doctor of osteopathy, a licensed psychologist, or a licensed clinical psychologist; and
- 3) substantiate the illness or medical condition.

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

**After receiving permission, the student may enroll for the number of credit hours recommended by the doctor. You may only**

- receive this permission for a maximum of 12 months (2 academic semesters) during the current degree level.**

**Final semester or Completion of minimum program requirements:**

**Please provide expected degree completion date:** \_\_\_\_\_

**Undergraduate Student:**

The student is in the final semester of his/her degree program and the remaining credit requirements is less than 12 hours. The student needs \_\_\_\_\_ number of credits to complete the degree.

**Graduate Students:** *An approved program of study (POS) must be on file in the Graduate School.*

- Non-Thesis Option- student is finishing all program requirements as listed on POS during the term requested and is scheduled to graduate the end of the semester noted above.

**Number of remaining hours necessary to complete degree requirements:** \_\_\_\_\_

- Thesis/Dissertation Option—student has completed all program requirements. *(All requirements listed on the POS, which includes courses and required research hours necessary for degree completion)*

**Student will continue to enroll in research/thesis hours while completing thesis/dissertation.**

**Number of hours of enrollment for the semester requested per page 1:** \_\_\_\_\_

**After receiving permission from ISSS, the student is eligible to be enrolled for the number of credit hours stated on this form. If the application for a reduced course load is based on final semester, the end date on the 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 issued.**

.....  
**Signature of Academic Advisor (undergraduates) or Dept. Graduate Program Director (graduates) or Medical Official**

**I hereby support the request for a reduced course load and certify the reason given is accurate. This form will be forwarded on to the Graduate School for review before ISSS can process final approval.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Graduate School Section: Review of academic program.</b> POS on file: Yes <input type="checkbox"/> No <input type="checkbox"/> Stamped Approval of Graduate School:	<b>Comments per review of file:</b>
--	-------------------------------------

Office Use: Request for RCL approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	DSO Approval Stamp/Signature:
I-20/DS-2019 end date edited: Yes <input type="checkbox"/> No <input type="checkbox"/>	
New I-20/DS-2019 printed: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>KANSAS STATE UNIVERSITY</b> International Student & Scholar Services	104 International Student Center, Kansas State University Manhattan, KS, 66506-6701 U.S.A. Phone: 785-532-6448 - Fax: 785-532-6607 Email: iss@k-state.edu k-state.edu/iss - facebook.com/issksu
--	---