

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, or U.S. 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 Formal Coursework

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 must be on file in the Graduate School.*

- Non-Thesis Option- student is finishing all required coursework during the term requested and is scheduled to graduate the end of the semester noted on page 1 of this form.

Number remaining hours necessary to complete degree requirements: _____

- Thesis/Dissertation Option—student has completed all required coursework and will enroll in research hours only. (*coursework includes required research hours for degree requirements but may exclude enrollment beyond that for completion of thesis or dissertation*).

Number of research/thesis hours student will enroll for the semester requested: _____

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.

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Signature of Academic Advisor/Major Professor/Dept. Graduate Director/Medical Official

I hereby support the request for a reduced course load and certify the reason given is accurate.

Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail: _____ Phone: _____

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

Name: _____

Signature: _____ Date: _____

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"/>	

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