Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

Reduced Course Load Authorization Request due to Medical Reasons/Medical Withdrawal

All international students must maintain full-time enrollment in order to maintain their F-1 student status. An international student may be authorized to reduce their full-time enrollment down to 0 hours due *to compelling medical reasons ONLY* if RECOMMENDED by a license physician and APPROVED by an International Services Specialist. Authorization for a reduced course load for medical reasons may be granted for a total of no more than 12 months during the student's program (per degree level). Dropping to a reduced course load before approval from the International Services Specialist will result in losing F-1 status and will be reported in SEVIS. F-1 students: 8 CFR 214.2(f)(6)(iii)(B) J-1 students: 22 CFR 62.23(e)(3)

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date

- Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
 If so, please update your information in Access immediately.
- I understand that I can only drop below full-time hours AFTER approval from ISSS Office and recommendation from SMU Health Center

NAME OF U.S. PHYSICIAN/PSYCHIATRIC	SIGNATURE	PHONE NUMBER	DATE
HEALTH CENTER REPRESENTATIVE	SIGNATURE	PHONE NUMBER	DATE
BURSAR'S OFFICE REPRESENTATIVE	SIGNATURE	PHONE NUMBER	DATE

THIS FORM MUST BE ACCOMPANIED BY A LETTER (ON LETTERHEAD) FROM A LICENSED MEDICAL DOCTOR, DOCTOR OF OSTEOPATHY, OR LICENSED CLINICAL PSYCHOLOGIST. THE LETTER SHOULD EXPLAIN THE ILLNESS OR MEDICAL CONDITION THAT PREVENTS FULL-TIME ENROLLMENT. THIS LETTER SHOULD ALSO SPECIFY THE DURATION THE STUDENT SHOULD BE ENROLLED IN LESS THAN FULL-TIME HOURS.

By signing below, I affirm that I understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.				
Student's Name and SMU ID:	Student's Signature:	Date		
International Services Specialist:	Signature	Date		