

**Office of International Student and Scholar Services  
Manhattan College  
Phone: (718) 862-7213**

**REQUEST FOR APPROVAL TO TAKE A REDUCED COURSE LOAD  
DUE TO MEDICAL CONDITION  
FOR STUDENTS IN F-1 STATUS**

This form is provided for your convenience. The information requested on this form is needed to comply with the United States Citizenship and Immigration Services (USCIS) regulations, for students applying for approval to take a reduced course load or withdraw from all courses due to a medical condition. **Permission from the Director of International Student and Scholar Services MUST be obtained before you drop the course(s) or withdraw.** If you drop below a full course of study or withdraw without the **prior** approval of the Director of International Student and Scholar Services, you will be in violation of federal regulations governing F-1 students and will be considered to be out of status.

**A reduced course load or withdrawal from school due to a medical condition cannot exceed an aggregate of 12 months while you are pursuing a course of study at a particular program level.** A request form must be completed for each semester, if more than one semester of reduced course load or withdrawal is needed.

In order for the Office of International Student and Scholar Services to approve the request, you must provide current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition, and recommends a reduction in course load or a withdrawal from the school. Attach the documentation to this form. If you cannot submit the required documentation, or if the documentation does not include the required information, your request **cannot** be approved.

If your request **is** approved, you must resume a full course of study in the next available semester in order to maintain student status.

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**Student Completes This Section:**

Student Name: \_\_\_\_\_ Degree Sought: \_\_\_\_\_ Bachelor's  
(please print) \_\_\_\_\_ Master's

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

Field of Study: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I have attached to this form current medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist that substantiates the illness or medical condition and recommends a reduced course load or withdrawal from school.**

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For Office Use Only

Student notified by e-mail (date): \_\_\_\_\_

ISSS Action & Date \_\_\_\_\_ Initials: \_\_\_\_\_ Entered in SEVIS (Date & Initials) \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES, KELLY COMMONS, ROOM 3.02A.**

