



INTERNATIONAL PROGRAMS

COLORADO STATE UNIVERSITY

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REDUCED CREDIT LOAD / MEDICAL EXCEPTION

This form is used to request authorization to drop below a full course load due to a temporary illness or medical condition. Only a licensed medical doctor, doctor of osteopathy, or a licensed psychologist may substantiate the illness or medical condition by signing this form. The student must submit this completed form to ISSS and receive authorization from an international student advisor before dropping below full-time.

TO BE COMPLETED BY THE STUDENT:

Name: _____ CSU ID#: _____
Email Address: _____ Phone Number: _____
CSU ID#: _____ Immigration Status F-1 J-1 Degree Level: UG GR PhD
Semester of Request: Fall Spring Summer Year: _____

STUDENT'S SIGNATURE: I have read and I understand the additional information outlined on page 2 of this form.

Signature: _____ Date: _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN OR LICENSED CLINICAL PSYCHOLOGIST

As a condition of remaining in the U.S. on a student visa at Colorado State University, the student named above is required to maintain a full-time load of classes. This student is seeking an exception to the full-time requirement for a medical condition and must provide documentation from a licensed medical doctor, doctor of osteopathy, or licensed psychologist who can substantiate the medical condition. The student can reduce enrollment below the full-time requirement, even down to zero credit hours, if doing so is deemed medically necessary. For HIPAA reasons, we do not ask for specific medical information. However, if the student requests that you provide a more detailed explanation, any additional documentation of the medical condition would also be welcome.

Certification: *I certify that I am a licensed medical doctor, doctor of osteopathy, or licensed psychologist. I confirm that the student named above is experiencing a medical condition that necessitates a reduction in credits from the normal full-time requirement (12 credits for undergraduates, 9 credits for graduate students).*

The student is recommended to take _____ credit hours for the semester indicated above.

Signature of treating clinician (if *not* licensed medical doctor, doctor of osteopathy, or licensed psychologist):

Name: _____ Phone: _____
Title: _____
Practice or Business Entity's Name: _____ Date: _____

Signature of licensed medical doctor, doctor of osteopathy, or licensed psychologist: _____

Name: _____ Title: _____
Practice or Business Entity's Name: _____ Date: _____

INTERNATIONAL STUDENT ADVISOR APPROVAL

Signature: _____ Date: _____

Other Notes about Enrollment and the Medical Exception:

- The student may request a reduced course load due to a temporary illness or medical condition.
- The medical exception to a full course load requirement is limited to a period of time not to exceed an aggregate of 12 months at each degree level.
- Eligibility for the medical exception requires documentation from a licensed medical doctor, doctor of osteopathy, or clinical psychologist.
- The medical exception recommendation must indicate a specific number of credits (or zero credits) that the student should maintain due to the medical condition.
- The student must be re-authorized for the Medical RCL each semester.
- Students may only count 3 credits (or 1 course) of online/distance learning per semester toward their full course of study requirement. Students cannot be exclusively enrolled in online courses.
- Audited courses do not count toward the full course of study requirement.
- Students who are sponsored, on exchange, or on scholarship may have additional expectations or requirements. It is the student's responsibility to check in with their sponsor, home institution or scholarship provider to identify if they have minimum credit requirements to maintain their status in these programs.

If you have any questions about this form, please contact International Student and Scholar Services.

Please allow 1 week for processing. You will be emailed a response after your request has been reviewed.