

F-1: Recommendation for Reduced Course Load Based on Illness or Medical Condition

As an F-1 student, you are required by the Department of Homeland Security to be a full-time student in the fall and spring semesters. An exception to this requirement may be given by your International Student Advisor, if you can document that you have a temporary illness or medical condition which makes it impossible to study full time. F-1 regulations limit this authorization to no more than 12 months for a specific level of study (language training, associate, etc.)

You may only be considered for less than full time study based on your physician's order that will prohibit you from attending classes on a full time basis. You will be asked to provide evidence before an approval for less than full time enrollment will be considered.

As soon as you know that you will need a reduced course load (RCL) submit the request in NOVA's F1 Request for Services Eform 125-061 on-line with your doctor's letter. You are not approved to drop below 12 credits until you receive written confirmation from the Office of International Students.

_____ (name of licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist) has my permission to share relevant information regarding my medical condition with Northern Virginia Community College for the purpose of explaining why a reduced course load may be advisable for me at this time.

Student's Full Name: _____ Student ID Number: _____

Telephone Number: _____ SEVIS Number: NOOO _____

Student's Signature: _____ Date: _____

To the Doctor:

Pursuant to Department of Homeland Security regulations governing international students with F1 status, a student is required to be enrolled as a full-time student (12 credit minimum) in the fall and spring semester. Students may be authorized to pursue less than full-time study based on a temporary illness or medical condition only when authorized by the Designated School Official. The Designated School Official is required to have supporting documentation from a licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist to grant such an authorization. [8 C.F.R. 214.2(f)(6)(iii)(B)]

Please complete the following information on official letterhead and **return it to the student for submission to NOVA. Feel free to attach any supporting documentation which may be helpful.** Thank you for your assistance in helping this student to comply with the requirements of the Department of Homeland Security. If you have any questions, please call the Office of International Student Services at 703-323-3423 or email ois@nvcc.edu.

The letter from your doctor should include the following information:

1. Be written on hospital or medical practice's letterhead.
2. Description of illness/condition and date when the student was first seen
3. Description of treatment plan.
4. Prognosis of recovery and estimated date when the student will be able to return to resume full time study.
5. Name of doctor, title, signature and date