

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

To the Student: 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.)

Pregnancy: If you are expecting a child you may be authorized for less than full time study during the semester in which the baby will be born. For semesters before or after delivery, we must have verification from your physician that you require bed rest and cannot attend classes.

As soon as you know that you will need a reduced course load, take this completed form to an international student advisor on your campus. You may also submit it by email to: oiss@nvcc.edu or by mail: 7630 Little River Turnpike, Suite 405, Annandale, VA 22003. NOTE: You are not authorized until you receive written confirmation from the International Student Advisor.

I give _____ (name licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist) 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 and **return it to the student in a sealed envelope: (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.

1. Description of illness/condition and date when the student was first seen:

2. Description of treatment plan:

3. Prognosis for recovery and estimated date when the student **will** be able to resume full-time study:

Doctor's Name: _____ Date: _____

Signature: _____ Phone: _____