



Office of International Education
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<http://www.oie.gatech.edu>

Recommendation for a Reduced Course Load Due to an Illness or Medical Condition

An F-1 or J-1 student is required to maintain full-time enrollment unless eligible for a vacation. Students with academic or medical problems must obtain approval to be registered for fewer than 12 hours. A request for approval can only be granted for one of the reasons below. Students must have continuously maintained status to apply. If your reason for needing a reduced course load is based on an academic reason, please fill out the "Reduced Course Load for Academic Reason" e-form.

If a student has medical problems, a reduced course load of between 0 and 11 hours may be requested. If the problem persists, a reduced course load for medical reasons must be requested prior to registration each semester, to a maximum of 12 months per degree level. *A new form will be needed for each semester/term.*

Please complete the attached form and provide a signed typed letter on letterhead from a licensed Medical Doctor, Doctor of Osteopathy, or Clinical Psychologist to OIE. The letter and an accompanying business card can be scanned and emailed to OIE, stating that the student should not be full-time due to the medical issue.

Section Completed by a Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist

Student's Name	
Student's Georgia Tech Identification Number	
Semester for Recommended Reduced Course Load <i>(please check one)</i>	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <i>A new recommendation form will be required for each semester</i>
Due to Illness or Medical Condition, I recommend <i>(please check only one)</i>	<input type="checkbox"/> Reduced Academic Course Load <input type="checkbox"/> Total Withdrawal / No Enrollment
Health Care Provider's Name	
Health Care Provider's Title	<input type="checkbox"/> Licensed Medical Doctor <input type="checkbox"/> Doctor of Osteopathy <input type="checkbox"/> Licensed Clinical Psychologist
Signature	
Date of Signature	
Stamp, if applicable	
Address and Phone Number:	
If you wish to add comments, please use this space:	

Please attach a business card with this form. Your assistance in filling out this form is greatly appreciated. If you have any questions, please contact info@oie.gatech.edu