

## REQUEST FOR LESS THAN FULL-TIME ENROLLMENT FOR MEDICAL REASONS

Section A: Student Information	
LAST (FAMILY) NAME in Passport:	FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.	
STUDENT SIGNATURE:	DATE:

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>.

SECTION B: To be Reviewed by Student
Sponsored Students: Have you spoken to your sponsor about your request for less than full-time enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>REQUIRED DOCUMENTATION:</b> You must attach a letter from your health care provider addressed to the University of Denver with this request. The letter must be printed on the health care provider's letterhead and include the following: <ul style="list-style-type: none"> <li>- Health care provider's (licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist) specific recommendation that you reduce course load or withdraw from all courses due to your current medical condition</li> <li>- Duration of time, including a beginning and end date, that your health care provider advises a reduced course load or suspended study</li> </ul>
<b>OBTAINING A DU MEDICAL LEAVE OF ABSENCE (IF NECESSARY)</b> A medical leave of absence is not required if you remain enrolled part-time. If the medical provider has recommended that you not enroll in <u>any</u> classes you must also follow the DU academic procedure for a medical leave of absence. <ul style="list-style-type: none"> <li>- <b>Undergraduates:</b> See an academic advisor in the Center for Academic and Career Development, Driscoll Student Center, regarding a medical leave of absence, <a href="http://www.du.edu/studentlife/advising/forms.html">http://www.du.edu/studentlife/advising/forms.html</a>.</li> <li>- <b>Graduate Students:</b> Apply for a medical leave of absence <a href="http://www.du.edu/media/documents/graduates/medical.pdf">http://www.du.edu/media/documents/graduates/medical.pdf</a></li> </ul>
<b>WITHDRAWAL</b> If you are already enrolled in classes at the time you are authorized to drop to less than full time status for medical reasons, you must withdraw from the classes you will no longer take by following the Registrar's procedure for withdrawal, <a href="http://www.du.edu/registrar/registration/withdrawal.html">http://www.du.edu/registrar/registration/withdrawal.html</a> . Failure to follow this procedure may result in failing grades being recorded for classes from which you did not withdraw.

Section C: To be Completed by Academic Advisor	
By immigration regulation, an F-1 or J-1 student should be full-time during each quarter/semester (except the vacation term if student is returning for the following term). The regulations permit a specific exception to this requirement in the case of medical necessity. Other immigration options may be available to students who do not qualify for a less than full-time enrollment for medical reasons.	
Dates requested: ___/___/___ to ___/___/___ (Note: Medical leave is only allowed for a total of 12 months per program level)	
Intended Number of Credits of Enrollment:	
<i>I recommend less than full-time enrollment for medical reasons for this student during the period above.</i>	
Academic Advisor Signature:	Date:
Printed Name:	Department:
Phone Number:	Email Address:

FOR OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
_____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	