UNIVERSITY of DENVER
INTERNATIONALIZATION
International Student & Scholar Services

International House
2200 S. Josephine St. Denver, CO 80208
Phone:303-871-4912 Email: isss@du.edu

LESS THAN FULL-TIME ENROLLMENT FOR MEDICAL REASONS

Section A: Student Information		
DU ID:	**LAST (FAMILY) NAME:**	**FIRST NAME:**

REQUIRED DOCUMENTATION

You must attach a letter from your health care provider (licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist) addressed to the University of Denver to this request. The letter must be printed on the health care provider's letterhead and include the following:

_____ Health care provider's specific recommendation that you reduce course load or withdraw from all courses due to your current medical condition (without details of the condition), and

_____ Duration of time, including a beginning and end date, that your health care provider advises a reduced course load or withdrawal from all courses.

_____ Health care provider's qualifications as licensed medical doctor, Doctor of Osteopathy or licensed Clinical Psychologist.

Sponsored Students: Have you spoken to your sponsor about your request for less than full-time enrollment?

☐ Yes ☐ No

OBTAINING A DU MEDICAL LEAVE OF ABSENCE (IF NECESSARY)

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 **any** classes you must also follow the DU academic procedure for a medical leave of absence with Student Outreach & Support, https://www.du.edu/studentlife/studentsupport/

WITHDRAWAL

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 in person in the Office of the Registrar with this from signed by an ISSS Advisor or the I-20 with permission to enroll for less than full-time credits on page 2. Failure to follow this procedure may result in failing grades being recorded for classes from which you did not withdraw.

Medical Insurance: Inquire with HCC or your insurance provider to determine if your health insurance will be valid.

I authorize the release of any information necessary and authorize any changes needed to complete my request including information from Student Outreach & Support.

STUDENT SIGNATURE:	**DATE:**

ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.

SECTION C: To be completed by ISSS ADVISOR	
I approve the student's request to enroll ☐ **Part-Time or** ☐ **Withdraw from all classes**	
ISSS ADVISOR SIGNATURE:	**DATE:**
PRINTED NAME:	**PHONE:**

FOR ISSS OFFICE USE ONLY		
Assigned To:	**Processing Checklist:**	**Processing Notes**
	☐ Enrollment checked by _____ ☐ GA processed ____ /____ /____ ☐ ISA processed ____ /____ /____	

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