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International Student Services Sierra Vista, 3rd Fl 1500 N Verdugo Rd Glendale, CA 91208-2894 818-240-1000 x6645 gcciso@glendale.edu

Reduced Course Load Request Form

All international students must enroll full-time (12 units) unless authorized to drop below by the International Student Office. To be eligible to file for a reduced course load exception, you must file the request by the end of the add/drop period of the **first 8-week session** each semester. Due to the unexpected nature of medical incidents, you may file for medical reasons at any time during the semester with appropriate documentation. You must file within 2 weeks of the medical emergency. Your request may be denied if you do not meet requirements to reduce course load. If denied, you will be notified at your GCC email and must enroll full time. It is your responsibility to regularly check your GCC email.

YOUR	INFORMATION (Please p	print):				
Date (MN	M/DD/YY):	Student II	D#:			
Family/Last Name		First Name		Middle Name		
Date of Birth (MM/DD/YY):			Phone: (XXX-XXXX; ensure voicemail is activated)			
	MEDICAL REASON	: PLEASE CHECK BE WITH YOUR DO		MPLETE PAGE 2		
□ Documented Illness or Medical Condition – you must attach documentation from licensed medical doctor (MD), doctor of osteopathy (DO), or licensed clinical psychologist (PsyD); see page 2.						
ACADEMIC REASON: MUST MEET WITH AN ACADEMIC ADVISOR						
			·	ar for the following reason: y be used once per educational level.		
	Please specify: Improper course level Initial difficulty with re Initial difficulty with the	eading requirements (<u>1st se</u> ne English language (<u>1st se</u>	emester only) emester only)	nent test/course sequencing)		
	Final Semester: Student has of Please complete graduate petiti			com program (associate/certificate). enter into SARS.		
Academic	Advisor	Signature of Academic Ac	lvisor	Date		
For GCC	International Student Office U	Jse Only:				



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Reduced Course Load Request Form

Waiver of Full Course of Study Requirement: Illness or Medical Conditions Documentation Form

in accordance with 8 C.F.R. § 214.2(f)(5)(iv)

Federal regulations regarding the enrollment of F-1 students in the U.S. require that a student be registered for and complete a full course of study per term (12 credit hours). Exceptions to the fulltime enrollment requirement are limited by regulations and include medical incapacity. In order to authorize a reduced course load based upon a medical condition, the student must provide current medical documentation from a <u>licensed medical doctor, doctor of osteopathy</u>, or <u>licensed clinical psychologist</u> to substantiate the illness or medical condition. The student must gain new authorization for a drop below full course of study <u>each semester</u>. A student previously authorized to drop below a full course of study due to illness or medical condition for a total of 12 months may not be authorized to reduce course load again while pursuing a course of study at the same program level.

To Be Completed by GCC Student:

I am unable to enroll full-time due to an illness or medical condition. I request a waiver from the full-time enrollment requirement. The illness or medical condition that makes it difficult or impossible for me to attend classes full-time is described by my physician in the provided documentation.

Student Name:		
Student's Signature:		
having your care provider complete this	ompletion or attach your physician's note. If you are attachir s form, please ensure that the physician makes a recommend ke no classes at all and includes their full title and license nu	dation as to whether you should
Federal regulations require that the re- hinders school attendance. Please spe or should take no classes at all. Note	s not able to attend full-time academic courses due to an illn easons be documented. Please briefly describe the student's it easily whether the student is able to take a reduced course lost that pregnancy, in itself, is not considered debilitating and ne. This letter will be used as evidence for an exception to fee	illness or medical condition that ad, indicating proper unit load, nay not be used to excuse
Due to the explanation above, I.		, recommend that the
-	for the period of time listed above. A maximum of	
Signature	Title and License # (or attach documentation)	Date