





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

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 licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to substantiate the illness or medical condition. The student must gain new authorization for a drop below full course of study each semester. 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Take this form to your physician for completion or attach your physician's note. If you are attaching a physician's note in place of having your care provider complete this form, please ensure that the physician makes a recommendation as to whether you should take a reduced course load or should take no classes at all and includes their full title and license number.

To the Physician/Licensed Clinical Psychologist:

This student has stated that he/she is not able to attend full-time academic courses due to an illness or medical condition. Federal regulations require that the reasons be documented. Please briefly describe the student's illness or medical condition that hinders school attendance. Please specify whether the student is able to take a reduced course load, indicating proper unit load, or should take no classes at all. Note that pregnancy, in itself, is not considered debilitating and may not be used to excuse attendance, but complications may be. This letter will be used as evidence for an exception to federal immigration policy and go on file with the Department of Homeland Security.

Four horizontal lines for describing the student's condition.

Due to the explanation above, I, \_\_\_\_\_, recommend that the student enroll below full course load for the period of time listed above. A maximum of \_\_\_\_\_ units of enrollment is suggested (please specify from 0 to 12).

Signature \_\_\_\_\_ Title and License # (or attach documentation) \_\_\_\_\_ Date \_\_\_\_\_