

# REQUEST FOR AUTHORIZED REDUCED ENROLLMENT For Temporary Illness or Medical Condition

GRADUATE SCHOOL  
INTERNATIONAL GRADUATE STUDENT SERVICES

This form is to be used by F-1 and J-1 international students who request permission, for immigration purposes, to enroll less than full-time due to a temporary illness or medical condition (**F1** (8 C.F.R. § 214.2(f) (6) (iii) (C)), (**J1** (22 C.F.R. § 62.23(e)))

- A new request must be submitted and approved each semester prior to reducing the enrollment.
- Approved reduced enrollment for medical conditions cannot exceed **12 months (accumulated)**.
- You cannot work while on medical reduced enrollment.
- You must enroll full-time in the next available fall/spring semester following an approved reduced enrollment.

Term requested for:     fall 20\_\_\_\_     spring 20\_\_\_\_                       Reduced Enrollment     Medical Withdrawal

### Student Information – All fields are REQUIRED

Please use the Surname/Primary Name field if you only have one name. The Given Name field is to be used for all other names.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

VT ID: (last 4 digits) \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_ VT Email: \_\_\_\_\_ Ph #: \_\_\_\_\_

### Recommendation from Medical Doctor, OR Doctor of Osteopathy ,OR licensed clinical Psychologist

Submit a letter from the **Schiffert Health Center** OR **Cook Counseling Center** located here on campus regarding their recommendation for either 0 credit hour enrollment or part-time enrollment due to your medical condition or illness.

I am attaching a letter from one of the following:     Schiffert Health Center                       Cook Counseling Center

How many credits will you be enrolled in while on medical reduced enrollment?     0 (Zero)    or     \_\_\_\_\_

If this is a medical withdrawal, will you be departing the U.S.?     Yes     No    If so, when? \_\_\_\_\_

### Important Reminders:

- If you will have zero enrollment and/or medical withdrawal you must also complete and submit a **Leave of Absence form**. This satisfies the Graduate School's Continuous Enrollment policy and preserves your student status for your return.
- You must have **medical insurance coverage** during your approved medical RCL, if you remain in the U.S. Please visit the Student Medical Insurance office, if you have any questions about this.

### Please return form to: International Graduate Student Services

I understand my responsibilities related to this request for reduced enrollment due to my medical illness/condition and I certify that the information I have provided is true to the best of knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

International Graduate Student Services  
Graduate Life Center at Donaldson Brown (0325)  
Blacksburg, Virginia 24061  
Ph: 540-231-8486 | Fax: 540-231-3714 | email: [igss@vt.edu](mailto:igss@vt.edu)