REQUEST FOR AUTHORIZED REDUCED ENROLLMENT
For Temporary Illness or Medical Condition

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