

## Medical Leave of Absence or Reduced Course Load for Academic Reasons (F-1 Student)

Office of International Students and Scholars  
Eastern Illinois University

As an F-1 student, you may drop below full time registration or go on leave of absence and remain in the U.S. if you obtain a doctor's letter recommending the reduced course load or leave of absence for medical/mental health reasons OR for valid academic reasons approved by your academic advisor or graduate coordinator.

The maximum time allowed for medical leave and/or reduced course load is no more than a 12 month total per degree level. Reduced course load and medical leave are both counted towards the 12 month total.

You MUST receive PRIOR approval for this leave from OISS. If you do NOT obtain advance approval from the OISS and you remain in the U.S., you will be violating your F-1 immigration status.

### Medical Reasons

You must have a letter from licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending leave or reduced enrollment for specific dates.

You must have PRIOR approval from OISS before dropping courses.

Reduced course load and leave must be re-authorized every semester, with a NEW medical letter specifying the new dates.

During the time you are leave for medical reasons, you may NOT work.

You MUST report to OISS within 21 days of the start of new semester to tell us that you have resumed full time enrollment

If you are taking a medical leave and you plan to leave the U.S., we strongly recommend that you notify OISS before departure, and that you discuss the specifics of your situation with a Designated School Official.

Academic reasons.

You may reduce your course load for only one semester total during your program of study for academic reasons. A reduced course load is acceptable under the following circumstances: new students enrolled for the first time and having difficulty with spoken English; difficulty with reading requirements; or difficulty with unfamiliar teaching methods. A student who has insufficient background for the class level in which he/she was placed may also seek approval for a reduction in course load at any time.

Name of student: \_\_\_\_\_ E-number: \_\_\_\_\_

To be completed by the academic advisor:

I am recommending that Ms./Mr. \_\_\_\_\_ be allowed to withdraw from \_\_\_\_\_ for the following reason(s):

- \_\_\_\_\_ English language difficulties
- \_\_\_\_\_ Unfamiliarity with American teaching methods or reading requirements
- \_\_\_\_\_ Improper course level placement

I am also recommending that the student seek special assistance in the area of the deficiency:

- \_\_\_\_\_ Writing Center
- \_\_\_\_\_ Reading Center
- \_\_\_\_\_ Speech & Hearing Clinic
- \_\_\_\_\_ Other \_\_\_\_\_

Signature of the Academic Advisor:

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Final term of study.

During your final term of study, and with the prior approval of OISS, you need only enroll for the required number of hours needed to complete your degree requirements.

Name of student: \_\_\_\_\_ E-number: \_\_\_\_\_

To be completed by the academic advisor:

\_\_\_\_\_ The student will carry \_\_\_\_\_ hours in the \_\_\_\_\_ semester.  
Additional courses are not needed.

\_\_\_\_\_ Please list any other remaining degree requirements:

\_\_\_\_\_

\_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Signature of the Academic Advisor:

Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_