

Final Semester of Study

Undergraduate or Masters degree student completing program of study at the end of the current term.

You must be enrolled for at least the number of credits needed to complete your studies. The end date on your I-20 or DS-2019 will be made to reflect the end of the current term, if it doesn't already.

Medical Condition

Temporary illness or medical condition. You must attach a signed letter from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist. The letter must substantiate the illness or medical condition.

You may enroll for any number of credits. If you cannot enroll for any courses due to your medical condition, the letter from your medical professional must state this and you will need to complete the Registrar's Office Withdrawal Form. You may only receive this permission for a maximum of 12 months during your current degree level.

To be completed by

Academic Advisor or **Medical Professional**

I hereby certify the reason given for the request to approve a reduced course load is correct.

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

To be Completed by Student:

Signature: _____ Date: _____

To be Completed by CGE Staff:

This student has been approved to reduce his/her course load for the semester requested: Yes No

Signature: _____ Date: _____