

## Medical Condition Form

Student Name: \_\_\_\_\_  
(Family/last name) (Given/first name) (Middle name)

**FSU I.D. #** \_\_\_\_\_ **SEVIS #:** \_\_\_\_\_

U.S. address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ FSU Email: \_\_\_\_\_

Field of study: \_\_\_\_\_ Degree Level: \_\_\_\_\_

I initially registered for a full-time course load but I am now requesting approval for:

◇ reduced course load: \_\_\_\_\_ credit      ◇ no course load

Due to the medical condition preventing me to assume a full-time course load. Attached to this request is a letter from my U.S.-based and U.S.-licensed medical doctor or clinical psychologist detailing the medical condition and his/her recommendation.

I understand that I cannot reduce my course load until I obtain authorization from the International Student Advisor at Ferris State University. If my request is approved only for a reduced course load, I understand that I still must maintain an enrollment of at least six credit hours to remain in compliance with Immigration Regulations unless otherwise approved by the International Student Advisor.

I confirm that should I be approved for this semester, the approval is valid for the current semester ONLY. Should my medical condition continue, I will need to submit (1) new request for the subsequent semester(s) and (2) new and current documentation from my medical doctor or clinical psychologist.

I also confirm that I am aware that all approvals for reduced course load due to a medical condition cannot exceed an aggregate total of 12 months for the duration of my current academic program.

I attest that my medical condition documented herein, is true and valid.

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