

ISSS Medical Reduced Course Load or Withdrawal Process

U.S. law requires international students to register for full-time study during each fall and spring semester. Full-time study is defined as 12 credits for undergraduates and 9 credits for graduate students. A student is expected to continually make normal progress towards program completion. However, the government accepts certain circumstances, including medical, to justify enrollment in a reduced course load (part-time studies) or withdrawal. Please discuss your medical condition with a U.S. Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist if you believe you have a medical situation requiring part-time studies or withdrawal and complete the following forms:

Student Checklist:

- Submission of online “Student Withdrawal and Cancellation Form” (<https://www.apps.miamioh.edu/student-withdrawal/>)
- Submission of Student Request form (see below)
- Submission of Provider Recommendation
- Submission of Plan of Ongoing Care
- Submission of additional documentation (business card and letter of support on provider’s letterhead) if your medical provider is not affiliated with Miami University. Medical providers must provide verifiable contact information.

All forms must be submitted and completed in full before your request will be reviewed.

It is helpful if your doctor is able to discuss your medical condition with ISSS, so please consider completing a “Release of Information” form when you meet with your provider.

Medical Reduced Course Load or Withdrawal - Student Request

Name: _____ Date: _____

Preferred Email Address: _____ Banner #: _____

Campus (circle one): Oxford Middletown Hamilton

Term (circle one): Fall Winter Spring Summer Year _____

Pursuing (circle one):

- Medical Reduced Course Load (part-time studies)
- Medical Withdrawal (no classes)

Is the condition primarily (circle one):

- Medical in nature
- Psychological in nature
- Both

Medical Reduced Course Load or Withdrawal - Student Request (Continued)

Please briefly describe the specific issues or concerns that caused you to seek medical intervention or counseling during the term you are requesting medical reduced course load or withdrawal.

Please briefly indicate why you believe you were unable to meet the expectations of a student during the term for which you are requesting medical reduced course load or withdrawal:

If pursuing withdrawal, what is your last date of class attendance? _____

If pursuing withdrawal, do you plan to return to your studies next term? Please circle one.

- Yes
- No
- Unknown

Have you been enrolled in sprint (part-of-term) coursework during this term? Please circle one.

- No
- Yes
 - If you have completed the course, do you wish to remain enrolled in the sprint course if eligible?
 - Yes
 - No

Date Submitted "Student Withdrawal and Cancellation Form" form (checklist on pg. 1 for link): _____

Agreement

- I understand that this request will not be processed until a completed Medical Reduced Course Load or Withdrawal with all required provider forms is received by International Student & Scholar Services.
- I understand that I must provide additional documentation (business card and letter of support on provider's letterhead) if I choose to seek treatment from a provider not affiliated with Miami University.
- I understand ISSS may share this information with other Miami University officials, as necessary, for the purpose of review of the medical reduced course load or withdrawal request.
- I understand that ISSS reserves the right to contact my medical provider if there are questions concerning my request.
- I acknowledge that I understand the guidelines for Medical Reduced Course Load or Withdrawal and my responsibilities in applying for and potentially returning from a Medical Leave of Absence as well as for related financial implications.
- I understand that once granted, the Medical Reduced Course Load or Withdrawal cannot be reversed.

Signature of Student

Date

Medical Reduced Course Load or Withdrawal - Provider Recommendation

Student Name: _____ Date of Birth: _____

U.S. law requires international students to enroll for full-time study each fall and spring semester. The student you are meeting with is requesting a Medical Reduced Course Load or Withdrawal authorization, stating to have a medical condition preventing him/her from meeting the expectations of a full-time student during the current or past term. The student is meeting with you to have you evaluate that condition and whether or not it affects his/her ability to continue enrollment in full-time studies. **This form should be completed by a U.S. Licensed Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist only per government regulations.**

Please complete this form in its entirety based on your evaluation of the condition. If you support the student's request, you are recommending that the student enroll in part-time studies or withdraw from all coursework. ISSS will use this information to determine whether the student is approved for medical reduced course load or withdrawal.

Office Address: _____

Provider's Name: _____ Date of assessment: _____
mm/dd/yyyy

Method of assessment: (circle one) In-person Phone Other: _____

1. What is the nature of the condition being treated?
 - Mental Health (form completed by a U.S. Licensed Clinical Psychologist)
 - Physical (form completed by a U.S. Licensed Medical Doctor or Doctor of Osteopathy)
2. Date(s) of treatment/assessment: _____ to _____
3. Total number of sessions/appointments: Scheduled: _____ Attended: _____
4. Diagnoses related to the concerns of this request: _____

5. Will you continue to provide services for this student? If no, to whom will the student's care be transferred?
 - Yes
 - No _____
6. Has the student submitted a release of information form allowing information to be shared with ISSS?
 - Yes
 - No
7. Is this condition preventing the student from enrolling in full-time studies? If yes, please explain.
 - No
 - Yes. Provide further explanation. _____

Medical Reduced Course Load or Withdrawal - Provider Recommendation (Continued)

8. Based on your evaluation of the student's condition, do you recommend that the student be authorized to enroll below full-time?

- No
- Yes, I recommend that the student (circle one)
 - Enroll in a reduced course load (part-time studies)
 - Withdraw (no classes)

9. Term (circle one) Fall Winter Summer Spring Year _____

10. Based on your evaluation of the student's condition, do you believe the student will be able to return to full-time studies next term?

- Yes
- No. If no, please provide further explanation. _____

Note: If you are a provider not affiliated with Miami's Student Health Services or Student Counseling Service, we kindly request that you provide the student with a business card and a letter of support in addition to this form and the plan of ongoing care.

Provider Checklist:

- Submission of Provider Recommendation
- Submission of Plan of Ongoing Care
- Submission of additional documentation (business card and letter of support on provider's letterhead) if provider is not affiliated with Miami University

Provider Signature

Date

Licensed Supervisor Signature (if applicable)

Date

License Number

Title/Degree:

Phone

E-mail

Please complete all forms in full and send directly to International Student & Scholar Services. If mail or fax is chosen, please verify receipt by emailing or calling ISSS.

ISSS, 214 MacMillan Hall, Miami University, Oxford OH 45056

Telephone: 513.529.8600 / Fax: 513.529.8608 / Email: international@miamioh.edu

