

# 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.

**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.

**Student Name:** \_\_\_\_\_ **E-Number:** \_\_\_\_\_

**To be completed by the Academic Advisor:**

- The student will be enrolled in \_\_\_\_\_ hours in the \_\_\_\_\_ semester. Additional courses are not needed.
- Please list any other remaining degree requirements: \_\_\_\_\_
- Expected graduation semester/year: \_\_\_\_\_

**Signature of the Academic Advisor:**

**Academic Advisor Name (printed):** \_\_\_\_\_

**Department:** \_\_\_\_\_

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