

Request for Medical Reduced Enrollment

International Admissions and Compliance

- Email: international@dallascollege.edu.edu Phone: 972.669.6400
 - Web: https://www.dallascollege.edu/admissions/international
- ~Please be advised that your immigration status is your responsibility~

Per <u>8 CFR 214.2(f)(6)(iii)(B)</u> and <u>87 FR 75891</u>, an F-1 student must provide <u>original medical documentation</u> from a licensed medical doctor, a licensed doctor of osteopathy, a licensed psychologist (including clinical), or a licensed psychiatrist to the DSO to substantiate the illness or medical condition that affects their ability to study. This form be submitted each semester and prior to reducing your enrollment. You may not reduce enrollment for medical conditions for more than an aggregate of 12 months. Last Name: First Name: Dallas College Student ID #: _____ Date of Birth: _____ Have you ever requested medical reduced enrollment? ☐ Yes: When? _____ Your signature gives Dallas College consent to review your medical information for determining leave or reduced course load request per SEVP governing regulations. 8 CFR 214.2(f)(6)(iii)(B) Student Signature: Date: TO BE COMPLETED BY A MEDICAL DOCTOR, DOCTOR OF OSTEOPATHY, PSYCHOLOGIST, OR PSYCHIATRIST: ______ Practice/Specialty: ______ Office Address: _____ Phone Number: I verify that I hold the following title: ☐ Medical Doctor (License number:) ☐ Doctor of Osteopathy (License number: _____) ☐ Licensed Psychologist (License number: _____) ☐ Licensed Psychiatrist (License number: _____ STAMP OF MEDICAL FACILITY Name of Patient: Semester affected by condition: ☐ Spring ☐ Summer ☐ Fall Number of credit hours/courses and/or course format recommended by medical professional: Doctor/LP/LCP Signature: Date: TO BE COMPLETED BY A DALLAS COLLEGE DESIGNATED SCHOOL OFFICIAL (DSO): ☐ Approved ☐ Not Approved – Reason: DSO Signature: ______ Date: _____