



Medical Reduced Enrollment or Withdrawal

United States Citizen and Immigration Services (USCIS) require all F-1 and J-1 visa holders to enroll full-time every fall and spring semester. International Engagement must approve you before you drop below the full-time requirement.

Undergraduates – 12 semester credit hours

Graduates – 6 semester credit hours (or as defined by your department)

Reduced enrollment for health reasons

Students may drop below full-time for physical or mental health reasons. The reduced enrollment must be recommended by a medical doctor, doctor of osteopathy, or licensed clinical psychologist. Reduced enrollment for health reasons may be approved for no more than a cumulative period of 12 months during the student's degree program.

Approval for reduced enrollment will be given for only one semester at a time, thus continuing health problems may need more than one approval if continued beyond one semester.

Students approved for a reduced course load are encouraged to consult with Disabilities Services to explore possible accommodations.

Withdrawal from TAMIU for health reasons

International Engagement must approve medical withdrawal requests. Students who withdraw from TAMIU will only be approved for one semester of medical withdrawal for visa purposes. If your request is approved, your SEVIS record will be terminated for Authorized Early Withdrawal. You will have 15 days to depart the U.S. once your SEVIS record has been terminated.

To return to the U.S. in the following semester, the student must request to have their SEVIS record returned to *active* status 30 days before their program start date. You will also need to complete the following:

1. Resubmit the Withdrawal for Medical Reasons form if you still cannot continue in the next semester (will not qualify if cumulative period of 12 months has occurred)
2. Notify College and Department to be readmitted to TAMIU and enroll full-time as required by United States Citizen and Immigration Services (USCIS).

Undergraduate – 12 semester credit hours

Graduate – 6 semester credit hours (or as defined by your department)

3. Transfer the SEVIS record to a new school.

In addition to this form, we must receive a letter from your physician in a sealed envelope with the following information:

- the date of onset of illness
- the dates you were under professional care
- the general nature of your medical condition and why/how it prevented you from completing your course work
- the date of your anticipated return to school
- the last date you were able to attend class





TEXAS A&M INTERNATIONAL UNIVERSITY

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Student Information			
TAMIU ID	Last Name	First Name	Email Address
Education Level: Bachelors Master's PhD ILI		Semester for reduced course load: Fall Spring 20: __	
Expected Program Completion date:		Final Semester at TAMIU: Fall Spring 20: __	
Number of hours before drop:		Number of hours after drop:	
"I have read and understand the conditions for a medical reduced enrollment or withdrawal from TAMIU as stated on this form".			
Student Signature and date:			
Email:		Phone Number:	
Medical Recommendation for Health Reasons			
Immigration regulations mandate the following information to be completed by a Medical Doctor, Doctor of Osteopathy, or a licensed clinical Psychologist to confirm that reduced enrollment or withdrawal is recommended for the specified semester.			
<p align="center">Recommendation for Reduced Enrollment</p> <p>Semester of recommended reduced enrollment:</p> <p align="center">Fall Spring Year: _____</p> <p>Doctor's Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Do you recommend that the student reduce his or her course load (but still remain enrolled for at least one or more courses?)</p> <p align="center">Yes No</p> <p>"I recommend a reduced course load for the student due to his/her medical condition."</p> <p>_____</p> <p align="center">Signature of MD, OD or licensed Psychologist</p>		<p align="center">Recommendation for Medical Withdrawal</p> <p>Semester of recommended reduced enrollment:</p> <p align="center">Fall Spring Year: _____</p> <p>Doctor's Recommendation</p> <p>"I recommend an academic withdrawal for the above stated student due to the student's medical condition."</p> <p>Doctor's Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>_____</p> <p align="center">Signature of MD, OD or licensed Psychologist</p>	

