

Reduced Hours Form (RHF) for Medical Reasons

Section To Be Completed by Student:

Instructions:

1. Complete this form.
2. Ask your medical professional to write you a letter (on letterhead) including all the required information needed. See the Medical Professional section below for details.
3. Return the completed form and letter to the OISS front desk.
4. OISS will email your my.emich account when your request is granted, or if additional information is needed. Be sure to check your email on a regular basis.

Student's First Name

Last (family) Name

E ID #

@emich.edu

E-mail Address

Phone #

Term Reduced Hours Requested:

Fall Winter Summer 20____

Have you had any previous Reduced Hours (RH) approvals? No or Yes (Circle)

If you have previous RH approvals, what kind of Reduced Hours and when? (Example: Medical FA 2012)

Academic _____ Medical _____ Last Term _____

I, the student, understand this form **does NOT drop my class(es)**. I must still drop the class(es) officially with Records & Registration; I understand I may not be entitled to any refund of tuition paid.

I understand that I **may be charged for the EMU health insurance** while on Medical Reduced Hours **depending if and when I drop classes full-time**. I also understand that I **may not have EMU health insurance if I am not enrolled in the semester for at least 31 days**. I should follow up with the EMU Snow Health Center for any concerns and questions.

Student's Signature

Date

Dear Medical Professional,

This student is requesting permission to be enrolled less than full time for medical reasons. According to the U.S. Code of Federal Regulations (8 C.F.R. § 214.2(f)(6)(iii)(B)), an international student may be authorized for "a reduced course load due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to substantiate the illness or medical condition."

Please write a letter (on letterhead) listing the following required information.

- Term (example, winter 2014)
- Whether you recommend the student take a full-time or part-time leave from classes in the given term
- Basic reasons for medical reduced hours, while observing patient/doctor confidentiality
- Treatment plan for term, while observing patient/doctor confidentiality
- Doctor's credentials, including profession, issue and expiration date of license, state where license was granted