

MEDICAL VERIFICATION FORM

Recommendation for student to drop below a full course of study



Part 1: To be completed by STUDENT

Student ID Number	SEVIS Number	N
Last (Family) Name	First Name	Middle Name(s)
Phone Number	Email Address	
Current Address		
STUDENT SIGNATURE:		DATE:

Part 2: To be completed only by a Medical Doctor, Doctor of Osteopathy, or Licensed Clinical Psychologist

Federal law requires that international students, as non-immigrant visa holders, take a full course load during their studies in the U.S. This means 12 course hours for undergraduates. Students may be authorized to enroll in less than full-time coursework or, if necessary, in no classes at all due to a temporary illness or medical condition.

In accordance with United States Federal Register 8 CFR 214.2 (f)(6)(iii)(B), only a U.S. licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist may substantiate the illness or medical condition.

Please return this form to the student or send directly via email or fax to the International Education Programs office at Seattle Central College.

FAX: 206-934-3868 ♦ PH: 206-934-3893 ♦ Email: SeattleCentral.Intl@seattlecolleges.edu

I recommend (please check one):

- Reduced academic course load (part-time study)
- Withdrawal from all courses / no enrollment
- Student should be able to handle full course load

Effective for the following quarter(s):

- Fall (September-December)
- Winter (January-March)
- Spring (April-June)
- Summer (June-August)

Comments/reason:

To the best of my knowledge, this patient should be able to resume full-time study as required by immigration regulations by _____, 20____.

Name (please print)	Credential/Title
Signature	Date
Hospital/Clinic/Facility Name & Address	
Phone Number	Email Address

For IEP Advisor / Office Use Only

<input type="checkbox"/> DB: Enrl tab & Immig note	<input type="checkbox"/> email student	Notes	By (init.)
<input type="checkbox"/> SEVIS/fsa	<input type="checkbox"/> WD Course(s)		