



CERTIFICATION FOR MEDICAL REDUCED COURSE LOAD FOR STUDENTS IN THE F-1 AND J-1 NONIMMIGRANT CATEGORIES

Student: Please fill out the top half of this form and then provide this form to your medical provider. The provider should fill out and sign the bottom half of this form and then return it to you to upload into the iGlobal portal. You will be notified when ISSO decides on your request. **DO NOT DROP BELOW FULL-TIME UNTIL YOU ARE NOTIFIED OF APPROVAL.**

Name

NUID

Semester and Year

Medical Provider: The student above is requesting to drop below a full-time course load. Pursuant to [8 CFR 214.2\(f\)\(6\)\(iii\)\(B\)](#), the UNL International Student and Scholar Office (ISSO) requires that a licensed medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist certify that the student should drop below a full-time course load because of a temporary illness or medical condition before the reduced course load is authorized. Please fill out the information below and then return this form to the student so that they may file the request with our office.

If you have any questions regarding this form, please contact ISSO at isso@unl.edu.

"I certify that this student is compelled by illness or other medical condition to
☐ interrupt their course of study; or
☐ reduce their course of study to ____ credit hours."

Name of treating MD, DO, or licensed psychologist

State license number (if applicable)

Clinic

Address

Phone

Signature of treating MD, DO, or licensed psychologist

Date