

Advisor Signature: _____ Dept: _____

Extension: _____ Email: _____

Description of circumstances that require a reduced course load.

III. To Be Completed by Medical Doctor: (Please choose **one** of the boxes below and add a date, period of time, or “the end of the current semester”. Please attach a note or description on office form or letterhead.)

- ☐ The above-referenced student is under my care for a medical condition or complication, and I recommend that the student take a **reduced** course load until/for _____.
- ☐ The above-referenced student is under my care for a medical condition or complication, and I recommend that the student take **no** classes until/for _____.

Doctor Name (typed or printed): _____

Doctor Signature: _____ Date: _____

Review by International Programs & Services Office:

I have reviewed the student’s request for deviation from full course of study and approve the request.

Signature: _____ Date: _____

_____: Deviation Entered in PSU Secure Shell Date: _____

_____: Deviation Entered in SEVIS Date: _____

I have reviewed the student’s request for deviation from full course of study and do **not** approve the request. Explanation below.

Signature: _____ Date: _____
