

MEDICAL REDUCED COURSE LOAD OR WITHDRAWAL

Reducing Enrollment for Health Reasons

Students may drop below full-time for physical or mental health reasons. UWG Health Services, a licensed medical doctor, or a licensed clinical psychologist must recommend the reduced enrollment. Students will need to get a signature from the medical professional verifying the recommendation for reduced enrollment.

Withdrawal from UWG for Health Reasons

Only students who are approved by the ISAP office after review of a medical professional's recommendation will be allowed to withdraw. Students are approved for only one semester of medical leave for visa purposes.

SECTION 1: STUDENT INFORMATION

Student's Family Name (Last Name)			
Student's Given Name (First Name)			
Date of Birth		UWG Student ID	917
Phone Number		SEVIS ID Number	N000
Email Address			
Current Visa Status	F-1 Student	J-1 Student	Other Visa Type: Specify _____

SECTION 2: PROGRAM INFORMATION

Level of Study	Bachelors	Masters	PhD	Certificate
First Semester at UWG	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer YEAR: _____	Semester of requested Reduced Enrollment		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer YEAR: _____
Major				Expected Program Completion Date

Statement of Understanding

I understand that a medical reduced course load or withdrawal is approved only for one semester. I understand that I must take the necessary steps to continue my status if I need further reduced course loads or withdrawals.

Student's Signature: _____ Date: _____

SECTION 3: PROPOSED SCHEDULE (REDUCED COURSE LOAD ONLY)

Please use this section to provide the schedule of classes for the semester in which you are dropping below full time.

Class Title EX: UWG1101	Course Name EX: UNIVERSITY EXPERIENCE	Instructor EX: INSTRUCTION NAME	Online or In Person EX: IN PERSON	Credit Hours EX: 3
Total Number of Credit Hours				

SECTION 4: DOCTOR RECOMMENDATION

I certify that the student above is under my care, has a medical condition, and requires either a reduced enrollment from their course load or permission to withdrawal for this medical condition.

Recommendation of Medical Professional	<input type="checkbox"/> Reduced enrollment for one semester <input type="checkbox"/> Medical withdrawal for one semester		
Signature of Medical Professional		Date	
Printed Name			
Title			
Email			
Phone			

Email completed forms to isap@westga.edu