



Medical Certification of Student's Own Serious Health Condition

The U.S. Immigration and Customs Enforcement requires international students on non-immigrant F-1 or J-1 visas to provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist to the Designated School Official (DSO) to substantiate any medical illness or medical condition which prevents a student from enrolling in classes full time. Full time enrollment is defined as 12 credit hours for an undergraduate student, 8 credit hours for a graduate student, or 18 credit hours of an ESL student. An exception from full time enrollment may be requested for a student to engage either in a reduced course load or, if necessary, no course load if the medical conditions warrants. A student previously authorized to drop below a full course of study due to illness or medical condition may be granted such authorization by the DSO for a maximum aggregate of 12 months.

Student Section: Please complete the top portion of this form and have the bottom portion completed by your licensed medical care provider.

Family Name: _____ First Name: _____

LU ID# _____ Date of Birth: _____

Email: _____ Visa type: _____

Semester for which you are requesting an exception from full time enrollment based on a medical condition: _____ Year: _____

Are you requesting to be enrolled part time or to take no course load.

Health Care Provider: Please complete this section completely for the patient above.

1) Description of medical illness or medical condition: _____

2) Date the condition began: _____ Possible duration: _____

3) Probable duration of the patient's present incapacity if different: _____

4) If the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity: _____

5) For medical reasons this student is compelled by illness or a medical condition to interrupt or reduce the course of study. The student may take courses:

- Full time (no reduction is necessary)
- Part time (specify number of recommended credit hours): _____
- Is medically incapacitated from attending any classes because: _____

6) Duration of authorization from _____ to _____

Health Care Provider Name (Please print): _____

Address: _____

Phone: _____ License # _____

Signature: _____ Date: _____

Please return to the International Student Services Office, One University Parkway #280, Romeoville, IL 60446. Phone: 815/836-5635. Fax: 815/838-9092