



Must be completed by student and returned along with supporting documentation to a DSO in the Office of Immigration Services. Student must receive DSO authorization for less than full-time enrollment ***prior to*** dropping courses.

Family Name: _____ First Name: _____

SEVIS Number: _____ HSC ID#: _____

Local Address: _____

Street Number City State ZIP

Phone Number: _____ Email Address: _____

Date of first entry into the U.S.: _____

Student Signature _____ **Date** _____

College: _____ Major: _____

Degree: B.S. _____ M.S. _____ Ph.D. _____ Professional _____

Semester: _____ Current Enrollment: _____

Hours Dropping: _____ Remaining Enrollment: _____

Reason for Reduction:

_____ Final Semester

_____ Initial difficulties with the English language

_____ Initial difficulties with English reading requirements

_____ Improper course level placement

_____ Medical Issues (page 2 required)

O'Donoghue Research Building
1122 NE 13th St, Suite TB038
Oklahoma City, OK 73117
Phone: (405) 271-2189
Casee Cole, DSO Casee-Cole@ouhsc.edu

-----PRINT ON MEDICAL OFFICE LETTERHEAD-----

Date

RE: REDUCED COURSE LOAD FOR MEDICAL REASON

As a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, I recommend that (student's name) reduce his/her course load or withdraw from all classes due to a temporary illness or medical condition for the dates beginning (date) to (date).

Sincerely,

Doctor's

Name

Address

Office Telephone

Number Fax Number

Email Address