



Global Engagement Office

International Student Reduced Course Load Request GUIDELINES FOR PHYSICIAN LETTER

Sample Letter: Your physician might use this as a template for writing the letter. The sample includes all information required to receive an authorization. Letter must be written on formal letter head from the office of the physician.

Student First/Last Name

Date of Birth

Today's Date

Ms./Mr. XX is a patient currently under my care, who has a medical condition which prevents **her/him** from pursuing full-time studies for the **Fall/Spring YEAR** semester. The student is currently taking a pro-active approach in treating **(his/ her)** condition with our office.

As **her/his physician/counselor**, it is my recommendation this student be allowed to register for only **#Number** credit hours during the semester and be approved for a reduced course load. It is expected that this student will be able to resume full-time studies during the **Fall/Spring YEAR** semester.

Physician's or Counselor's Signature

PHYSICIAN'S or COUNSELOR'S NAME

Medical Title

Affiliation/Practice/Facility

ADDRESS

TELEPHONE

Email Address