

# SAMPLE

**Health Care Provider's Letterhead**

(Including name of facility, address)

Date

**Student Name:**

**Student Date of Birth:**

*(Student name)* is undergoing treatment for an illness or medical condition.

Due to the condition for which I am treating *(student name)*, it is my professional recommendation that *(student name)* take a reduced course load.

I understand that *(student name)* is in the U.S. on a student visa, and as such is required to be registered for a full-time course load. I understand that the normal full-time course load is 12 credits, but because of this medical condition, I recommend that *(student name)* take \_\_\_\_\_ credits this semester.

Signature

Provider's typed name and degree

(Federal visa regulations require the letter must come from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist)