

SAMPLE LETTER
ONLY from a licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist

(On professional letterhead)

Month, Day, Year

(Doctor's Name)

Medical Office Address

City, State, Zipcode

To Whom It May Concern:

[Sample of content for recommendation for a reduced course load]

(Student's Name) has been under my care since **(date)** for **(description of medical condition)**. It is my professional opinion that the nature and ongoing treatment of this condition will interfere with **(his/her)** ability to continue **(his/her)** studies on a full-time basis. The treatment plan for the semester is as follows: **(please specify)**.

I therefore recommend that **(he/she)** reduce **(his/her)** course load to **(##)** units for the **(Fall/Spring 20__ semester)**.

[Sample of content for recommendation for withdrawal from all courses]

(Student's Name) has been under my care since **(date)** for **(description of medical condition)**. It is my professional opinion that the nature and ongoing treatment of this condition will interfere with **(his/her)** ability to continue **(his/her)** studies. The treatment plan for the semester is as follows: **(please specify)**.

I therefore recommend that **(he/she)** withdraw from all course work for the **(Fall/Spring 20__ semester)**.

Sincerely,

(MD, DO, Clinical Psychologist signature)

(Doctor's Name)

(Title/Credential/License #)