

SAMPLE MEDICAL REDUCED COURSELOAD CERTIFICATION LETTER

Original letter must be on official letterhead, and signed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO) or Clinical Psychologist. The letter should be issued no more than 30 days before the start of the semester for which the underload is requested.

[Date]

To Whom It May Concern:

I certify [Student's Full Name] is compelled by illness or other medical condition to:

_____ be excused from all classes (zero credits)

OR

_____ reduce their course of study Recommended number of credits: _____

This recommendation is for the _____ semester.
 [Fall/Spring] [Year]

Sincerely,

Original Signature of Treating MD, DO or CP

U.S. License Number