

**Sample Reduced Course Load letter for medical reasons**

(Please print on your practice's or organization's letterhead).

Date:

TO WHOM IT MAY CONCERN:

I hereby verify that I am treating (*student's full name*) for the following medical condition:

\_\_\_\_\_

This medical condition or treatment will affect the student physically or mentally by:

\_\_\_\_\_

Estimate in days/weeks/months, the student's need for treatment and recuperation time:

\_\_\_\_\_

The student's medical condition will affect his/her ability to be registered as a fulltime student because:

\_\_\_\_\_

\_\_\_\_\_

**[Indicate one or the other statements as follows:]**

\_\_\_\_ I recommend the student take a **reduced course load** this semester. **OR**

\_\_\_\_ I recommend that the student take **no courses** this semester.

I base my recommendation on:

\_\_\_\_\_

\_\_\_\_\_

The anticipated start date (indicate month, day, and year) of the recommended reduced course load is:

\_\_\_\_\_.

Sincerely,

Sign your name

Print your name

Your title

Your Address and Affiliation

Your Telephone (direct line please)

Your Email address