

## **SAMPLE LETTER (On professional letterhead)**

Must be from a licensed medical doctor, licensed doctor of osteopathy, or licensed clinical psychologist

This letter can be given to the student or submitted directly to Florida State University's Center for Global Engagement by email: [cge@fsu.edu](mailto:cge@fsu.edu)

*(Doctor's Name)*

*Medical Office Address City, State, Zip code*

*Month, Day, Year*

To the Center for Global Engagement F-1 Advisor:

**(Use option most appropriate for your patient's situation):**

**[Sample of content for recommendation for a reduced course load for the current or upcoming term]**

It is my professional opinion that (Student's Name)'s condition will interfere with their ability to study at Florida State University on a full-time basis. I therefore recommend that the above-named student reduce their course load to a part-time enrollment for the Fall/Spring (*circle one*) 202\_\_ semester.

**[Sample of content for recommendation for no enrollment in the current or upcoming term]**

It is my professional opinion that the nature and ongoing treatment of (Student Name)'s condition will interfere with their ability to continue studying at Florida State University. I therefore recommend that the above-named student withdraw from all coursework (or refrain from enrolling in any coursework) for the Fall/Spring (*circle one*) 202\_\_ semester.

*Sincerely,*

*(MD, DO, Clinical Psychologist signature)*

*(Doctor's Name)*

*(Title/Credential/License #)*