

Medical Condition

- Temporary illness or medical condition. You must attach a signed letter from a *licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist*. The letter must substantiate the illness of medical condition and possess the following information.
- a. must be typed, dated, and signed by the physician on the physician's letterhead, and
 - b. must indicate that you have a medical condition which prevents you from registering full-time during a specific term, and
 - c. must specify the number of term units for which you can register, and
 - d. must specify the date by which you will be expected to return to full-time studies.

Sample Letter: Your physician might use this as a template for writing the letter. The sample includes all information required to receive authorization.

Student First/Last Name

Date of Birth

Today's Date

Ms. XX is a patient currently under my care, who has a medical condition which prevents her from pursuing full-time studies for the fall 2006 term. As her physician, it is my recommendation she be allowed to register for only 6 units during the term. It is expected that she will be able to resume full-time studies during the winter 2007 term.

Physician Name and Signature

Academic Advisor or Medical Professional

I hereby certify the reason given for the request to approve a reduced course load is correct.

Name: _____ Title: _____
E-mail: _____ Phone: _____
Signature: _____

To Be Completed by Student

Signature: _____

To Be Completed by ISS Staff

This student has been approved to reduce his/her course load for the semester requested: Yes No

Name/Title: _____

Signature: _____ Date: _____