

Medical Reduced Course Load Recommendation Letter

INFORMATION ON STUDENT'S MEDICAL CARE PROVIDER RECOMMENDATION LETTER FOR F-1 STUDENTS

Under US federal regulations at 8 CFR 214.2(f)(6)(iii)(B), an international student in F-1 student status may be authorized to enroll on a part-time basis (or, if necessary, completely withdraw from enrollment) if the student has a temporary illness or medical condition requiring a reduced course load. To obtain authorization for a reduced course load on medical grounds, the student must provide medical documentation substantiating the condition and recommending a reduced course load.

Documentation must meet the following requirements:

- The Medical RCL Recommendation Letter must be provided on official letterhead and must be signed by a medical doctor, licensed clinical psychologist, or doctor of osteopathy only.
- The Medical RCL Recommendation Letter should be dated and refer to the specific term (e.g., "Fall 2026 term") that the student is requesting a reduced course load.
- The Medical RCL Recommendation Letter must clearly identify the student as the patient experiencing the illness or medical condition.
- The Medical RCL Recommendation Letter must recommend that the student take a reduced course load (or no course load) for medical reasons for the indicated term.
- The Medical RCL Recommendation Letter will be required for each term the student requests a medical reduced course load.

MEDICAL RCL RECOMMENDATIONS LETTER TEMPLATE

Date: _____

To Whom it May Concern:

I hereby verify that I am treating [**student's full name**] for a medical condition [*we do not need to know the specifics*]. This medical condition or treatment will affect the student physically or mentally by not being able to enroll full time status during the [**state semester**]. Therefore, I recommend the student to take [**amount of courses ex. two courses/zero courses**] for the semester mentioned.

Sincerely,

[Sign Your Name

Print Your Name

Your Full Medical Title

Your Affiliation/Practice/Facility and Address

Your Telephone (direct line please)

Your Email Address]