**[to be prepared by medical professional and printed on official letterhead]**

[Date]

International Student and Scholar Services

DePaul University

1 E. Jackson Boulevard

DePaul Center, Suite 9300

Chicago, IL 60604

Re: **Student’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To Whom It May Concern:

[Student’s Full Name] is a patient in my care and [I am recommending that s/he reduce her/his course-load to part-time enrollment] **OR** [I am recommending that s/he does not take any courses] during the [fall term from September 8, 2021 to November 23, 2021; **OR** winter term from January 3, 2022 toMarch 20, 2022; **OR** spring term from March 26, 2022 to June 10, 2022] at DePaul University due to [his/her] illness or medical condition.

I attest that I am a U.S. licensed [Medical Doctor **OR** Doctor of Osteopathy **OR** Clinical Psychologist].

If you have any questions regarding this recommendation, please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**[Name]**

**[Title]**

**[Clinic/Hospital Name and Address]**

**[Work Phone Number and E-mail Address]**