



ORANGE COAST COLLEGE

Medical Reduced Course Load Request

Dear Dr.,

The following student is an OCC student and patient of your practice.

Student's Full Name: _____ OCC ID#: _____

As an international student on an F-1 visa, the student must provide specific doctor's documentation to be authorized for Reduced Course Load for the _____ term.

8 CFR (Code of Federal Regulations) § 214.2(f)(6)(iii) requires that this recommendation be signed by an MD, DO, or clinical psychologist. This recommendation can be amended at any time if the patient's medical situation changes and submitted to the OCC Global Engagement Center.

This document must be submitted to the Global Engagement Center directly by the medical office by fax, email, or submitted in-person by the student in a sealed envelope. Please contact our office if you have any questions or concerns.

Sincerely,
Global Engagement Center
Orange Coast College
Phone: (714) 432-5940
Email: occinternational@ccd.edu
www.orangecoastcollege.edu

M.D./D.O./Licensed Clinical Psychologist Verification

The patient, _____, is under my care and is being treated for a medical situation that requires a reduced school schedule. I recommend that the student enroll in _units (full time = 12 units) for the current academic term. This recommendation is only valid for the current term. If more than 1 academic term of reduced enrollment is necessary, the student must request a new medical recommendation each term.

Physician's Name: _____
Date: _____

Physician's Signature: _____
Please stamp/seal or attach business card.