

Sample Medical Letter



The Cardiology Group at General Hospital

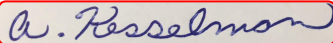
123 Water Street
Port Chester, New York 10068
Phone: 555-123-4567
Email: kesselman@hospital.org

January 15, 2023

Attention NYU Office of Global Services Staff:

This letter is to inform you of my recommendation that student **Jane Smith, NYU ID #N1234567 (or date of birth)**, be placed on a reduced course load for the **Spring 2023 semester** due to medical reasons that prevent them from being a full-time student at this time.

Sincerely,



Aubrey Kesselman, M.D.

Medical Doctor

Medical License Number: 100120



Letter Requirements (circled on sample letter)

- Letterhead of medical office with office contact information: address, phone number, and email.
- Date.
- Practitioner's recommendation that the student be placed on a reduced course load or zero course load for a specific semester due to medical reasons.
- Student's full name and NYU ID# or date of birth.
- Practitioner's wet signature (digital signatures are not accepted).
- Practitioner's printed name.
- Practitioner's medical title/credential (must be either a Medical Doctor, Osteopathic Doctor, or Licensed Clinical Psychologist).
- Official logo of medical office and/or official stamp of practitioner.
- Letter must be in English or translated into English by an Official Translator.