Letterhead with business address

DATE OF LETTER

Dear Northeastern University Office of Global Services,

I am writing to support the request of the Medical Reduced Course Load for (STUDENT FIRST and LAST NAME) (STUDENT DATE OF BIRTH). Based on my assessment of the student, I recommend that they are excused from all classes at Northeastern University for (DATE RANGE/ACADEMIC TERM and YEAR).

Thank you for your time.

Sincerely,

(SIGNATURE REQUIRED – digital signature ok)

PROFESSIONAL STAFF MEMBER NAME

TITLE (**must be** Medical Doctor, Doctor of Osteopathy, Licensed Clinical Psychologist, Licensed Psychiatrist, or Licensed Psychologists)

CONTACT INFORMATION