

International Student and Scholar Services (ISSS)

1126 H.J. Patterson Hall, College Park, MD 20742
iss.umd.edu



Recommendation for Part-Time Study

Based on Medical Condition

To Whom It May Concern:

This form is for international students who are patients under your care.

Pursuant to Department of Homeland Security regulations governing international students, a student may be authorized to pursue less than full-time study only when authorized by a Designated School Official. The Designated School Official is required to have supporting documentation from a U.S. licensed medical doctor, doctor of osteopathy, or a licensed clinical psychologist in order to give such an authorization if for medical reasons. Part-time Authorization for medical reasons may not be given for more than one year. [8 C.F.R. 214.2]

Please complete the following information and return it to the student. A letter including information below on physician's letter-head can be used in lieu of this form. Thank for your assistance in helping this student meet the requirements of the Department of Homeland Security. If you have any questions, please call the International Student and Scholar Services at (301) 314-7740.

PATIENT LAST NAME		PATIENT FIRST NAME		TODAYS DATE (mm/dd/yyyy)
1. DESCRIPTION OF ILLNESS/CONDITION AND DATE WHEN THE STUDENT WAS FIRST SEEN				
2. DESCRIPTION OF TREATMENT PLAN AND WHY FULL-TIME REGISTRATION IS NOT POSSIBLE				
3. SPECIFY THE NUMBER OF SEMESTER HOURS FOR WHICH THE STUDENT CAN REGISTER, PROGNOSIS FOR RECOVERY AND ESTIMATED DATE WHEN THE STUDENT WILL BE ABLE TO RESUME FULL-TIME STUDY				
I AM A: <input type="checkbox"/> U.S. LICENSED MEDICAL DOCTOR <input type="checkbox"/> U.S. DOCTOR OF OSTEOPATHY <input type="checkbox"/> U.S. LICENSED CLINICAL PSYCHOLOGIST				
DOCTOR LAST NAME		DOCTOR FIRST NAME		PHONE
ADDRESS			DOCTOR SIGNATURE	