

This provides a sample of the medical verification letter required to authorize a full or partial leave from studies for a J-1 international student. The letter must be produced on letterhead and with an original signature from a licensed medical doctor or doctor of osteopathy. By federal regulation, no other medical professional can sign this recommendation.

You are not required to provide medical details other than what is given below. Please copy the text below onto letterhead, make necessary selections as noted in brackets, sign, and return the completed letter to the student.

A new, current verification will be required for each term for which the student requests the accommodation.

Thank you. Johns Hopkins University Office of International Services

LETTERHEAD

Date: []

To: Office of International Services, Johns Hopkins University

I am currently providing treatment to [full legal name of student] for a medical condition and recommend that the student register for [a reduced course load/no courses] for the [fall/winter/spring/summer] term of [year].

Name of authorized healthcare practitioner: []

Signature of authorized healthcare practitioner: []

Credentials: [Medical Doctor/Doctor of Osteopathy]