



ORANGE COAST COLLEGE

Dear Dr.,

_____, _____ is an OCC student and patient of your practice. As an
(Student Name) (OCC ID)

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,
The Global Engagement Center team, Orange Coast College
Phone: (714) 432-5940
occinternational@ccd.edu

Thu Nguyen, Student Services Specialist
Phone & Fax: (714) 714-7784
tnguyen53@occ.cccd.edu

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Phone & Fax: (714) 714-7519
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Mireille Halley, Student Services Specialist
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mhalley@occ.cccd.edu

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

My 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.

Dr.’s Name: _____

Date: _____

Dr.’s Signature: _____

Please stamp/seal or attach business card: