



Dear Doctor,

_____, _____ is a Cerritos College student. As an international
(Student Name) (Cerritos Student ID)
student on an F-1 visa, the student must provide specific doctor's documentation to be permitted to
enroll in fewer than 12 units (RCL) for any academic semester. This student is requesting medical RCL 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 must be renewed each semester for up to 1 academic year and can be amended at any time if the patient's medical situation changes and submitted to the Cerritos College Office of International Student Services (OISS).

This document must be submitted to the OISS directly by the medical office by email or mail, or submitted in-person by the student in a sealed envelope. A similar recommendation on the medical office's letterhead may also be accepted. Please contact our office if you have any questions or concerns.

Sincerely,
Office of International Student Services, Cerritos College
11110 Alondra Blvd., Norwalk, CA 90650
Phone: (562) 860-2451 ext. 2133
intadmissions@cerritos.edu

Jeanora Price, International Student Advisor
Phone: (562) 860-2451 ext. 2232
jprice@cerritos.edu

Gladys Calderon, Assistant Director
Phone: (562) 860-2451 ext. 2358
gcalderon@cerritos.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 less than a full course of study for the current academic term. This recommendation is only valid for the current term. If more than one (1) academic term of reduced enrollment is necessary, the student must request a new medical recommendation each term.

Doctor's Name: _____

Date: _____

Doctor's Signature: _____

Please stamp/seal or attach business card: