

[Physician's Name/Letterhead]
[Clinic/Hospital Name]
[Address]
[Phone Number]

Date: [Date]

To: [Graduate School Name/Department]
Office of Student Affairs / Disability Services

RE: Medical Accommodation for Graduate Reentry - [Student's Full Name]

To Whom It May Concern,

I am the treating physician for [Student's Name], who is currently under my care for a documented medical condition. This letter is to support [Student's Name]'s reentry into the [Name of Graduate Program] following their medical leave of absence.

It is my professional opinion that [Student's Name] is cleared to return to their academic studies effective [Date]. However, to ensure a successful transition and manage their health, I recommend the following reasonable accommodations:

- **Reduced Course Load:** Permission to enroll in part-time credits during the initial semester.
- **Flexible Deadlines:** Reasonable extensions on assignments or research milestones if health symptoms flare.
- **Modified Schedule:** Ability to attend medical appointments or rest breaks as needed.
- **Remote Access:** Option to attend seminars or meetings virtually if physical presence is not feasible.
- **[Optional]:** [Specific accommodation related to lab work, teaching duties, or clinical rotations].

These accommodations are recommended through [Date or End of Semester], at which time we will re-evaluate the student's needs.

If you require further information or clarification regarding these requirements, please contact my office at [Phone Number].

Sincerely,

[Physician's Signature]
[Physician's Printed Name and Title]
[Medical License Number]