

Medical Certification for Less-Than-Full Time Student Status

F-1 and J-1 Visa Classification

_____ is compelled by illness or other
(Student Name) (NU ID Number)
medical condition to interrupt or reduce the course of study for the _____ 20 ____ semester.

_____, M.D. _____
Treating Physician (Printed Name) Signature

_____, D.O. _____
Treating Doctor of Osteopathy (Printed Name) Signature

_____, _____
Treating Licensed Clinical Psychologist Lic # Signature
(Printed Name and License Number)

Clinic: _____

Address: _____

Phone: _____

***Acceptable only if returned in sealed
office envelope.**

Thank you!
Please return to:

International Affairs
University of Nebraska-Lincoln
420 University Terrace
Lincoln, NE 68588-0682