



NOTE: This form is to be completed by the student's physician, mental health practitioner, or other professional healthcare provider, stapled to a one-page letter from that provider, and returned to the student so it can be submitted by the student with the student's tuition appeal documents.

Clinician Name _____ Student Name _____

Licensed As _____ Student PID # _____

License # _____ State of Licensure _____

Clinician Address _____

Clinician Phone _____ Date of Most Recent Visit _____ (mm/dd/yy)

Clinician Fax _____ Total Number of Visits _____ (Within the last 3 months)

Dear Healthcare Provider,

To consider tuition adjustments based on a medical withdrawal, the Tuition Appeal Review Panel needs appropriate medical documentation.

Please provide your professional judgment regarding the student named above, by providing a one-page letter describing the condition for which the student is being treated. You should include information about the initial on-set of the condition; type, frequency and severity of symptoms; treatments or medications necessary to alleviate symptoms; and the medical necessity behind the withdrawal. The panel is particularly interested in whether this condition prevented or adversely impacted this student remaining in classes. Please staple your letter to this form and return it to the student so it can be included in the student's tuition appeal.

In addition to the letter, please answer the questions below:

1. What date did this student first seek treatment? _____ (mm / dd / yy)

2. Does this student's condition/treatment require that she/he medically withdraw from the term in question?
_____ No _____ Yes If yes, what date? _____ (mm / dd / yy)

3. Is the student medically able to return to the University? _____ Yes _____ No

Physician/Mental Health Provider's Signature

Date Signed