Request for Tuition Appeal

Documentation Required Demonstrating Immediate Family Member's Medical Exception

STUDENT: The information requested below must be provided by the health care provider tending to the medical needs of your immediate family member. Immediate family will include:

1. Spouse, children (biological, stepchild, adopted, legal ward, or foster), parents, domestic partner, civil union partner, brother or sister, parents-in-law, step parents, adopted parents, grandchild, or grandparent of the student submitting the tuition appeal.

IMPORTANT: This form is to be used as a guideline to help the student with documentation demonstrating an exception to the Tuition Appeal Policy. The Tuition Appeal Committee reserves the right to ask for additional information from the student so a fair decision can be made.

Health Care Provider: You must provide the following information (on this form or Letterhead) and the information must be relevant to the term applied for by the student.

HEALTH CARE PROVIDER'S INFORMATION:

NAME:_____ **LIC.#**_____

MAILING ADDRESS:_____

(*STREET*) *(CITY)* *(STATE)* *(ZIP)*

TELEPHONE NUMBER:_____

RE: IMMEDIATE FAMILY MEMBER'S MEDICAL SITUATION AS TO WHY THE STUDENT CAN NO LONGER ATTEND CLASSES.

The student, _____, has submitted a Request for Tuition Appeal requesting a tuition credit for the

☐ **SPRING** ☐ **SUMMER** ☐ **FALL** ☐ **INTERSESSION** _____

(*YEAR*)

The student's reason for requesting a tuition credit is due to a medical situation, which was beyond the student's control and prevented the student from attending registered courses for that term.

1. Does the immediate family member's medical condition prevent the student from attending classes?

   If yes, on what date was this first determined?

2. Give details regarding the nature and extent of the medical situation and the student's role for providing care:

3. If this condition is a continuation of a prior existing condition, did the family member suffer a relapse, have complications, or require change in medication? If yes, explain and give the date this was realized:

4. Give a date as to when the medical condition was first diagnosed:

5. If any rehabilitation or recuperation is recommended, give beginning date and estimate ending date:

6. What will be the impact of this treatment be?

All information requested must be provided. If any of the above information is excluded, the student's Appeal will be rendered incomplete and a decision will not be made.

_____ _____

Health Care Provider's Signature Date Signed