



Request for Tuition Appeal

Documentation Required Demonstrating Student's Medical Exception

STUDENT: Your health care provider must provide the information requested below.

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.

PHYSICIAN'S INFORMATION:

NAME: _____ **Lic.#** _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER: _____

RE: 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. Will this medical condition prevent the student from attending classes?
If yes, on what date was this first determined?

2. If this condition is a continuation of a prior existing condition, did the student suffer a relapse, have complications, or require change in medication that affected their ability to be able to attend classes? If yes, explain and give the date this was realized:

3. Give the dates of hospitalization or other confinement, date of release:

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

5. 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