

**REQUEST FOR MEDICAL INFORMATION FOR IMMEDIATE FAMILY MEMBER\***  
**(EXACT DATES FOR DIAGNOSIS AND TREATMENT IS REQUIRED)**

Date:

To:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's City, State and Zip Code

\_\_\_\_\_  
(Area Code) Phone Number

**GUIDELINES FOR EXPLAINING**

**THE IMMEDIATE FAMILY MEMBER'S DISABILITY FOR MEDICAL REASONS**

TO STUDENT – The information requested below must be provided by the physician or medical provider tending to the medical needs of YOUR immediate family member. \*Note: This form is to be used as a guideline to help the student with documentation for a Exception to Tuition Policy. The Tuition Appeals Committee reserves the right to ask for additional information from the student so a fair decision can be made.

TO PHYSICIAN or MEDICAL PROVIDER – You must provide the following information on business letterhead. The information must be relevant to the term applied for by the student. The statement/letter must be typed and must include responses to questions 1-8 below.

---

---

The student, \_\_\_\_\_, has submitted a Tuition Petition Form requesting a tuition refund for the \_\_\_\_\_ term. The student's reason for requesting a tuition refund is due to a medical condition of an immediate family member, either of which was **beyond the student's control** and prevented the student from attending registered courses for that term.

1. If possible, please comment on the student's role for providing care. Will this medical condition prevent the student from attending classes? If yes, on what date was this first determined? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Give details regarding the nature and extent of the medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

---

---

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

---

5. What is the recommended treatment?

---

---

---

6. Give date(s) of hospitalization or other confinement, date of release.

---

---

---

7. If physical therapy is recommended or required, how often will treatment be required (daily? Weekly? Monthly?) ?

---

---

---

8. What is the recommended period of time for recuperation? Give beginning date and estimate ending date?

---

---

---

---

Physicians signature

---

Date Signed

All information requested must be provided. If any of the above information is excluded, the student's Petition will be rendered incomplete and a decision will not be made. Should you have any questions on any of the information being requested, please feel free to contact our office at (303) 556-2324. Our Fax number is (303) 556-4829.

**\*DEFINITION OF IMMEDIATE FAMILY MEMBER:**

For purposes of the Tuition Petition process, the student's immediate family will include:

- 1) Wife, husband, children, parents, grandchildren, grandparents, brothers, sisters, nephews, nieces, aunts, uncles, brothers-in-law, daughters-in-law, sons-in-law;
- 2) Also to be included will be a foster or step-child, an individual who filled the role of a parent, a legal dependent for whom the student is the primary caregiver.