

REQUEST FOR MEDICAL INFORMATION
(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

Re: Medical reasons as to why the student can no longer attend classes and/or withdraw from classes.

GUIDELINES FOR EXPLAINING THE STUDENT'S DISABILITY FOR MEDICAL REASONS

STUDENT – your physician or medical provider must provide the information requested below. Note: This form is to be used as a guideline to help the student with documentation of an 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.

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 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, 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? 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?

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.

Physician Signature

Date Signed