



## Tuition and Fees Refund Appeal Medical Documentation Form

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Instructions for Physician: The above student has submitted an appeal of his or her tuition and fee charges based on a medical condition. Please provide the requested information.

- Diagnosis/explanation of the student's present medical condition. Please do not use abbreviations or insurance codes. Attach additional sheets if necessary.

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

- When did the student's medical condition begin? \_\_\_\_\_
- Dates of treatment: \_\_\_\_\_
- Does this medical condition prevent the student from being able to attend classes or complete coursework? \_\_\_\_\_
  - If yes, as of what date: \_\_\_\_\_
  - If yes, please explain: \_\_\_\_\_

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

I certify that, in my best professional judgment, this student is unable to attend classes and complete coursework due to the injury or illness described above.

Physician's signature and date \_\_\_\_\_

Printed Name of Physician \_\_\_\_\_

Address & Phone \_\_\_\_\_

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

License Number \_\_\_\_\_