



Tuition and Fees Refund Appeal  
Family Member Medical Documentation Form

To be filled out by student:

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

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

Brief explanation of circumstances, including reasons for inability to attend classes/complete coursework.

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

Patient Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

To be filled out by physician

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

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

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

- When did the patient's medical condition begin? \_\_\_\_\_
- Dates of treatment: \_\_\_\_\_

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

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

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

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

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