UNIVERSITY OF Cincinnati

Tuition Refund Appeals Committee (TRAC)
Medical Documentation Form

Patient: _____

1. Brief Summary of Illness:

2. Specific Diagnosis:

3. Actual date(s) of medical treatment or services(s):

4. Please answer both items a) and b):
   a) Description of the impact that the medical condition had on the student's ability to attend class and/or to perform class requirements:

   b) Was it medically necessary to discontinue studies?

      Yes ☐

      No ☐

5. Date physician or other medical professional made the recommendation to the student to discontinue studies:

Physician/Medical Professional:_____ **Date**: _____
(**Important**: please attach letterhead with hand-written physician/medical professional signature to verify the validity of this form) Thank you!