Print Form

UNIVERSITY OF Cincinnati

Medical Documentation for Appeal of Loss of Tuition Remission Due to Unsatisfactory Academic Progress

Student Name: _____ _____
Last Name First Name

Brief Summary of Illness: _____

_____

Specific Diagnosis: _____

Description of the impact the medical condition had on this student's ability to attend class and/or perform class requirements and why it was medically necessary to discontinue studies as a result of medical circumstances:

_____

_____

_____

Date of physician's recommendation that the student discontinue studies (if applicable):

_____

Actual dates of medical treatment(s) or service(s): _____

I authorize my health care provider(s) to release any necessary information to UC HR representatives.

Student Signature _____ Date: _____

SIGNATURE OF PHYSICIAN OR HOSPITAL ADMINISTRATOR

Signature _____ Date: _____

Print Name _____ Office Phone: _____

To verify this document, please apply office stamp here or attach office letterhead.

Note: *Information provided on this form will be maintained in a confidential file.*

April 2014