University of Wisconsin
Stevens Point

Academic and Tuition Appeals Committee
University Medical Form

SECTION I: FOR STUDENT, PLEASE COMPLETE:

After completion of Section I, provide to your health care provider for the completion of Section II.

I have submitted a request to the UWSP Academic & Tuition Appeals Committee for

- ☐ A late drop from the following course (s) _____
- ☐ A late withdrawal from the following semester _____

I have indicated that a signifcant medical or mental health condition has affected my ability to continue with my coursework.

- ☐ I am following you for the treatment of _____
- ☐ I am the caregiver of a patient you treat _____

Print Name Birthdate Signature Date Signed

SECTION II: FOR MEDICAL PROVIDER, PLEASE COMPLETE:

Approximate **date** condition impaired this student's ability to function as a student during the term in which they are appealing (indicated above): _____

Please check the activities that are moderately or substantially impacted by the medical or mental health condition. Provide additional details describing how the situation affects the student in an academic setting, or how the patient's limitation influences the student as a caregiver.

Activity	Moderate	Substantial	Explain
Keeping Appointments			
Stress Management			
Managing Internal Distractions			
Learning:			
- Reading			
- Writing/Spelling			
- Calculating			
- Listening			
- Thinking			
- Concentrating			
- Memorizing			
Mobility			
Other:			
Other:			

Print Provider Name/Title License or Certification # Signature Date Signed

Address Phone Fax Email

Please complete the following information to assist the committee in determining the appropriateness of this request and return it to the Office of the Registrar at 171 Student Resources Center, 900 Reserve St., Stevens Point, WI 54481 or registrar@uwsp.edu.