

Health Documentation Leave

This form should be included along with the Late and/or Retroactive Withdrawal Request to provide documentation related to an extenuating circumstance regarding health. Extenuating Circumstances are unforeseen, uncontrollable, and unavoidable events that have resulted in a student's inability to complete academic responsibilities within a given academic term due to health concerns, allowing students to withdrawal from ALL courses.

Please Print Clearly:

Student Information: (This section to be completed by the student)

Banner ID: _____

Student Last Name: _____ First Name: _____ Middle Initial: _____

App State Email: _____ Phone Number: _____

Health (Medical/Mental Health) Provider Name: _____

Organization: _____

Healthcare Provider: (This information should be submitted on **official letterhead** by a licensed/certified provider in area of diagnosis. Example: for mental health must be licensed psychologist, psychiatrist, LCAS, LCSW)

1. Diagnosis and/or description of the problem.
2. Period of onset.
3. The degree of functional limitations.
4. Your recommendation regarding the appropriateness of a withdrawal for this student, an uncontrollable, unavoidable and uncontrollable disruption in the student's academic functioning (i.e., class attendance, ability to do homework, etc.) for the specified semester.

Please return this form and all supporting documentation by:
Mail: Registrar's Office, PO Box 32009, Boone NC 28608
Fax: (828) 262-3136
or In-person, John Thomas Hall, Room 109