

Health Documentation Return

This form should be included during the process of a Late Withdrawal Return 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: _____

Semester Requesting to Return: _____

Semester Withdrew: _____

Healthcare Provider Information: (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. Health Provider Name, Occupation, Practice/Organization and address.
2. Dates or time period student was seeking treatment.
3. Diagnosis, if applicable.
4. Prognosis of condition (uncontrolled, controlled, resolved).
5. Confirmation that student has complied with treatment.
6. Evidence supporting recommendation that student is stable to return to the unstructured environment of the University.
7. Recommendations for continued treatment.

Documentation must verify that the condition no longer results in a student's inability to complete academic responsibilities.

Signature of Health Provider: _____ Date: _____