



Student Illness Certification Form

for Refund Request (Tuition Appeal) Purposes

This form must be completed by a licensed medical professional. **Form and signatures cannot be typed.**

Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

| | |
|---|----------------------|
| Student Information: To be completed before submitting to medical provider | |
| Student Name: _____ | Student ID: _____ |
| Email Address: _____ | Date of Birth: _____ |
| Phone Number: _____ | Semester: _____ |
| I authorize the release of medical information necessary to process this Tuition Appeal | |
| Student Signature _____ | Date _____ |

| | |
|--|-----------------------------------|
| Medical Office Use Only: The student may not write in this box. | |
| Practice Name: _____ | |
| Medical Professional Name: _____ | |
| Medical Specialty: _____ | Professional License #: _____ |
| Medical Office Address: _____ | |
| Office Phone and Email for verification: _____ | |
| For a student illness tuition refund appeal to be approved, the student must have a serious medical condition lasting for a substantial period of time. Briefly describe the unforeseen medical condition that prevented the student from attending class(es). | |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | |
| Please indicate the time period that the student would have been unable to participate in classes. | |
| From: _____ | To: _____ |
| Would the condition have affected the student's ability to participate in/complete in-person courses (Yes/No): | _____ |
| Would the condition have affected the student's ability to participate in/complete online courses (Yes/No): | _____ |
| Medical Professional Signature and Date (Required) | Physician Office Stamp (Required) |