

CSU Online Appeal Committee Medical Documentation Form

Student: This form must be submitted with the CSU Online Course Registration/Refund Appeal Form.

1. Student Information (to be completed by student)

Name

CSU ID

Phone

Address

Email

Affected Semester(s)

By signing below, you are authorizing your health care provider to provide the information requested in section #2 of this form.

Student Signature

Date

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Health Care Provider: The above student is submitting an appeal to Colorado State University Online. The student is citing physical and/or mental health conditions as a reason for being unable to successfully complete his or her academic coursework during the affected semester indicated in section #1 above. Please answer the following questions and sign and date the bottom of the form.

2. Medical Information (to be completed by provider)

Name

Phone

Business Address

Type of Practice/Specialty

License # and State

a. Describe the condition for which the student or student's family member was/is being treated:

b. Approximate date of onset of conditions:

c. Date(s) you treated the student or student's family member for condition:

d. Was the student or student's family member hospitalized? Yes No

If "Yes," please indicate dates of hospitalization:

e. In your opinion, did the medical circumstances prevent the student from succeeding in his or her academic coursework during the affected semester (see section #1 above)?

Yes No

Additional Comments:

Health Care Provider Signature

Date