



MEDICAL DOCUMENTATION FORM

This form is to be completed thoroughly by the student and the student's medical provider. This form must be submitted to the University of Kentucky Registrar's Office with the required documentation detailed below. This form and documentation must be emailed directly from the medical providers office to: tuitionappeals@uky.edu or faxed to: 859-257-7160

Student's Name: _____ Student's ID/SSN: _____

Semester Being Appealed: _____

To be completed by medical provider:

Please provide a signed letter on letterhead describing the medical/psychological condition of the applicant and how it prevents them from performing academic duties. Academic duties are defined as: attending class, studying course content, taking tests, and completing assignments. Please keep in mind that students have FREE access to services and accommodations from University Health Services, Counseling Center, Disability Resource Center, the Office of Residence Life, as well as numerous tutoring sessions and other resources.

Medical Provider's Name: _____ License #: _____

Licensed As: _____ State of Licensure: _____

Medical Provider's Address: _____

Medical Provider's E-mail: _____ Phone: _____

In addition, please answer the following questions below:

1. What date did this student first seek treatment? _____
2. Date of Most Recent Visit: _____ Total Number of Visits: _____
(Within the last 3 months)
3. Did this student's condition/treatment require that they withdraw from the university during the semester they are appealing? Yes No
4. Date when the student became unable to perform academic duties: _____
5. Is the student medically able to return to the University? Yes No

Medical Provider's Signature

Date

If the signed letter on letterhead or any of the above information is excluded, the student's Tuition/Fees Appeal will be rendered incomplete and a decision of denial will be made. All decisions from the committee are final. If you have any questions, please contact: tuitionappeals@uky.edu