

UNIVERSITY of WISCONSIN  
GREEN BAY

**MEDICAL CIRCUMSTANCES VERIFICATION FORM**

Dear Student:

You have requested an exception to an academic policy based on medical circumstances. Therefore, It is your responsibility to secure documentation of the circumstances from your health care provider and submit it **with** your petition. Take this to your health care provider and ask him/her to provide the information requested below. Thank you.

Student Name \_\_\_\_\_  
Please print

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Dear Health Care Provider:

The student identified above, has requested an exception to an academic policy on the basis of medical reasons. **Using your official letterhead**, please verify the following information and attach it to this form. Thank you for your time.

- Provide date of diagnosis and period of time in which treatment occurred
- To what extent does the condition and/or treatment interfere with the student's ability to:
  - attend class(es)
  - complete assignments

Health Care Provider Name \_\_\_\_\_  
Please print

Health Care Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

