Provider Verification Form

UNIVERSITY of WISCONSIN GREEN BAY

Please complete the following information to assist the committee in determining appropriateness of the request. **Return the form to**: **Attn:** Enrollment Review Committee; via **Mail:** University of Wisconsin Green Bay, 2420 Nicolet Drive Green Bay, WI 54311; **Fax:** 920.465.2765**;** or **Email:** enrollmentservices@uwgb.edu

STUDENT, PLEASE COMPLETE:

ATTENTION:_____
Name of health care provider

I have submitted a request to the UWGB Enrollment Review Committee for

- ☐ A late drop from the following course(s)_____

  _____ for the following semester_____

OR

- ☐ A late withdrawal from the following semester_____

I have indicated that a significant medical or mental health condition has affected my ability to continue with my coursework as

- ☐ I am being treated for: _____

OR

- ☐ I am the caregiver of _____ who is being treated for:

  _____

_____

Print Name **Birthdate** **Signature** **Date Signed**

MEDICAL PROVIDER, PLEASE COMPLETE:

Approximate date condition(s) commenced:_____

In the case of pre-existing, recurring, or chronic health conditions, documentation must show that the recurrence or worsening of the condition(s) began after initiation of the term for which the withdrawal or late drop is requested. Please indicate the date after the term began that the condition worsened.

Please check the activities that are moderately or substantially impacted by the medical or mental health condition. Provide additional details describing how the situation affects the student in an academic setting, or how the patient's limitation influences the student as a caregiver.

Activity	Moderate	Substantial	Explain
Keeping Appointments			
Stress Management			
Managing Internal Distractions			
Learning:			
• Reading			
• Writing/Spelling			
• Calculating			
• Listening			
• Thinking			
• Concentrating			
• Memorizing			
Mobility			
Other:			

Print Provider Name/Title **License or Certification Number** **Signature** **Date Signed**

Address **Phone** **Fax** **Email** **(9.13.23)**