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)______________________________________________

☐ 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.

☐ I am following you for the treatment of ________________________________________________

☐ I am the caregiver of a patient you treat ________________________________________________

Please complete the following information to assist the committee in determining appropriateness of this 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: gboss@uwgb.edu

MEDICAL PROVIDER, PLEASE COMPLETE:

Approximate date condition(s) commenced:_______________________________________________

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Moderate</th>
<th>Substantial</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping Appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Internal Distractions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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