



UNIVERSITY of WISCONSIN  
GREEN BAY

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 report to: **University of Wisconsin Green Bay; Attn: Enrollment Review Committee**  
2420 Nicolet Drive Green Bay, WI 54311 Fax: 920.465.2765 Email: gboss@uwgb.edu

Print Name Birthdate Signature Date Signed

FOR THE MEDICAL PROVIDER, PLEASE COMPLETE:

Approximate date condition 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.

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

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

Address \_\_\_\_\_

Phone Fax Email