

**Tuition Refund Application (TRA)
Medical Documentation Form**

**to be completed by physician or hospital*

Patient: _____

1. Brief Summary of Illness:

2. Specific Diagnosis:

3. Actual date(s) of medical treatment or services(s):

4. Please answer both items a) and b):

a) Description of the impact that the medical condition had on the student's ability to attend class and/or to perform class requirements:

b) Was it medically necessary to discontinue studies?

Yes

No

5. Date physician or other medical professional made the recommendation to the student to discontinue studies:

Physician/Medical Professional: _____ **Date:** _____

IMPORTANT: please attach letterhead with hand-written physician/medical professional signature to verify the validity of this form. Thank you!