

Medical Documentation Form

Student Account Services Attn: Tuition Appeals Committee 5320 Campus Drive AC 235 Highland Heights, KY 41099

The Tuition Appeal Committee will **not** accept or consider copies of insurance forms, bills, explanation of benefits (EOB) forms, hospital records, or your physician's medical records unless specific information is requested. If the Committee approves an exception to the refund procedures based on your medical circumstances, it will be allowed one time only. Should the same condition reoccur in future semesters, no further appeal will be allowed as you are aware of the condition and should manage your registration accordingly.

SECTION 1: Student Identification		***COMPLETED BY STUDENT***
Name	:	Student ID Number:
Stude	nt Signature:	Date: Lease of medical information to NKU Tuition Appeals Committee.
Instru	ction for student: Please complete sectio	n 1 and submit to physician for completion.
SECT	ION 2: PHYSICIAN'S CERTIFICATION	***COMPLETED BY PHYSICIAN ONLY***
<u>signat</u>	ure to verify the validity of this form. This	nead with printed and hand-written physician/medical professional s form must be faxed directly from the physician's office to:
Attn:	Tuition Appeals Committee Fax: (859)	572-6087
1.	Diagnosis/ explanation of the patient's media duties:	cal condition and how it prevents the student from performing academic
2.	Actual date(s) of medical treatment or servic	e(s) for this illness:
3.	Date when the student became unable to pe	erform academic duties:
Physic	cian/Medical Professional Signature:	Date:
semest		ent identified above was unable to perform academic duties and complete the citation during the above stated time. As a public institution, tuition adjustments
	d Name of Physician:ss:	
Rusiness Phone:		Fav

If the signed letterhead or any of the above information is excluded, the student's tuition appeal will be rendered incomplete and a decision of denial will be made. All decisions are final.