



Provider Verification Form

STUDENT: Complete the section below and then take this form to your medical provider. Your medical provider will need to return the form directly to UW-Green Bay. Please note that completion of this form does not guarantee approval of a petition.

TO BE COMPLETED BY STUDENT:

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) _____

during 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
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MEDICAL PROVIDER: Please fill in the below information. This will assist the Enrollment Review Committee with understanding the student’s medical condition.

TO BE COMPLETED BY MEDICAL PROVIDER:

Approximate date condition(s) commenced: _____

In the case of pre-existing, recurring, or chronic health conditions, documentation must show the date of recurrence or worsening of the condition(s).

