



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).



Provider Verification Form Continued

Please check the how the activities are 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 with 4 columns: Activity, Not Impacted, Impacted, Don't know. Rows include Keeping Appointments, Stress Management, Managing Internal Distractions, Academic Success (with sub-rows for Reading, Writing/Spelling, Calculating, Listening, Thinking, Concentrating, Memorizing), Mobility, and Other.

Please explain ratings and provide any other information:

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

Address Phone Fax

Return the form to: Attn: Enrollment Review Committee: Mail: University of Wisconsin Green Bay, 2420 Nicolet Drive Green Bay, WI 54311; Fax: 920.465.2765; or Email: enrollmentservices@uwgb.edu