

MEDICAL STATEMENT FORM - Petition for Late Withdrawal

STUDENT:

Please complete the top portion of this form. Student is responsible for making sure all paperwork is received by the OneStop Student Services in a timely manner.

Patient Name (PRINTED) _____ ID# _____

Patient's Address _____

Health Care Professional's Address _____

Health Care Professional's Phone# _____

I give my permission for _____ to provide the
(Name of Health Care Professional)
information requested below to the UNC Asheville OneStop Student Services.

Student Signature _____ Date _____

HEALTH CARE PROFESSIONAL:

Please complete this portion of the Medical Statement Form and return (mail or fax) to the following office:

OneStop Student Services
UNC Asheville, CPO# 1350
One University Heights
Asheville, NC 28804

Fax: (828) 251-6492 / Phone: (828) 350-4500

The student listed above is requesting a withdrawal from a course(s) after the withdrawal deadline.

Nature of the health problem:

Date of initial consultation for the health problem: _____

Date(s) of hospitalization (if applicable): _____

Date(s) of office visits: _____

Date at which the patient was able to resume normal activities: _____

Comments or recommendations:

Signed: _____ Title _____ Date: _____

OFFICIAL USE ONLY Date Medical Statement Form Received in OneStop _____