

# **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# 1580  
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 \_\_\_\_\_