



### Illness or Injury of Student Tuition Appeal Form

This form must be completed by a licensed medical professional. **Form and signatures cannot be typed.**  
Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

**Student Information: The student must complete this box before submitting to the medical provider.**

Student Name \_\_\_\_\_ PPSC Student ID# \_\_\_\_\_  
Student Phone \_\_\_\_\_ Semester Student is Appealing \_\_\_\_\_  
Student DOB \_\_\_\_\_ Student Email \_\_\_\_\_

I authorize the release of medical information necessary to process this Tuition Appeal.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Office Use Only: The student may not write in this box.**

|                                       |  |
|---------------------------------------|--|
| Practice Name                         |  |
| Medical Professional Name             |  |
| Medical Specialty                     |  |
| Medical Professional License#         |  |
| Medical Office Address                |  |
| Medical Office Phone for Verification |  |
| Medical Office Email for Verification |  |

Please provide a brief description of the unforeseen situation that prevented the student from attending courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would the condition have affected the student's ability to participate in on campus courses: ( ) Yes ( ) No

Would the condition have affected the student's ability to participate in online courses: ( ) Yes ( ) No

Please indicate the time period that the student would have been unable to participate:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Date Date

Medical Professional Signature and Date **(Required)**

Physician Office Stamp **(Required)**