

**Supporting Medical Documentation Form**

<b>STUDENT INFORMATION</b> (to be completed by the student, print clearly)	
First Name:	Last Name:
Laurier ID#:	Laurier Email:
Petition Pertains to Which Term: <input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Winter (Jan-Apr)	
<input type="checkbox"/> Spring (May-Aug) <input type="checkbox"/> Intersession (May-June) <input type="checkbox"/> Summer Session (Jul-Aug)	
Course(s) Dropped/Withdrawn:	
This information is collected under the authority of the Wilfrid Laurier University Act and privacy policies to administer the university-student relationship.	

<b>PHYSICIAN INFORMATION</b> (to be completed by attending physician, print clearly)	
Date Seen by Physician:	
Date Illness Began:	
For medical reasons, the student is unable to continue in the above noted courses due to medical incapacity. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of Incapacitation: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Date Student Could No Longer Participate in Course(s):	
Expected Date Student is Able to Return to Studies:	
Physician's Name:	
Physician's Contact Information:	
Address:	
Email:	Phone:
Date:	
Signature of Physician:	

Should there be a need to clarify information, I hereby provide permission to contact my physician.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Undergraduate students: scan to [tuitionfeeappeal@wlu.ca](mailto:tuitionfeeappeal@wlu.ca), or fax to 519.884.8826, marked **Tuition Fee Appeal**