

(mm/dd/yy)

Clinician Fax \_\_\_\_\_ Total Number of Visits \_\_\_\_\_  
(Within the last 3 months)

Dear Healthcare Provider,

To consider tuition adjustments based on a medical withdrawal, the Tuition Appeal Review Panel needs appropriate medical documentation.

Please provide your professional judgment regarding the student named above, by providing \_\_\_\_\_ describing the condition for which the student is being treated. You should include information about the initial on-set of the condition; type, frequency and severity of symptoms; treatments or medications necessary to alleviate symptoms; and the medical necessity behind the withdrawal