



**UNIVERSITY COLLEGE**  
 Academic Standards Committee  
 University of Iowa  
 5 Calvin Hall (CALH), 2 W. Jefferson St.  
 Iowa City, Iowa 52242  
 319-335-2575  
 uc.uiowa.edu

## REQUEST FOR MEDICAL DOCUMENTATION: University College

*Use this form to collect medical documentation required for adjustments to academic and/or tuition records in University College. The Academic Standards Committee College cannot interpret medical records or clinical notes. Medical providers may opt to provide all relevant information on letterhead stationery in lieu of this form.*

### TO BE COMPLETED BY THE STUDENT:

Student Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Appeal Semester(s): \_\_\_\_\_ Date(s) Affected: \_\_\_\_\_  
 Patient (if other than self): \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Briefly state the medical condition(s) for which you are seeking supporting documentation for the above-noted time frame (semester and dates).

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### TO BE COMPLETED BY THE MEDICAL OFFICE:

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_  
 Date(s) of Service or Treatment: \_\_\_\_\_  
 Medical Provider Name and Facility: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_

Briefly summarize the extent and duration the patient was affected and any limitations associated with the condition. If the patient is the student, please describe how the condition may have affected their ability to complete coursework during the dates noted above. Please attach a separate letter on official letterhead if more space is needed.

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**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_