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:** _____

Form Updated: 7/1/2023