

Eastern Kentucky University, Richmond Kentucky
Financial Appeal
Statement of Serious Illness or Injury

STUDENT NAME _____

Semester that student withdrew or stopped attending due to medical necessity _____

This **Statement of Serious Illness or Injury** must be completed by a licensed medical or mental health practitioner, who is not a family member, and who is currently working with this student. The completed form must be submitted to: **Student Accounting Services, Whitlock CPO 60, 521 Lancaster Avenue, Richmond, KY 40475-3150** before the financial appeal will be considered.

PART II – TO BE COMPLETED BY MEDICAL OR MENTAL HEALTH CARE PROVIDER (PLEASE PRINT)

Name of Licensed Health Care Provider:

Street Address of Office or Clinic:

City: _____ State _____ Zip Code _____

Office Phone Number (with area code): _____

1) Describe the serious illness or injury that is/was preventing the student from completing classes:

2) Why does/did this illness/injury prevent the student from completing the academic term?

3) When did the symptoms of the illness/injury occur?

4) Dates of examination for the condition claimed as the basis for medical withdrawal:

5) When do you believe the student will be well enough to resume his/her academic program?

6) What treatment is the student undergoing?

Provider's Signature: _____ Date: _____