FIU | OneStop

STUDENT PETITION
MEDICAL SUPPORT FORM

INSTRUCTIONS: If you have selected Medical as the reason for your student petition, you must submit this form completed by your health care provider, with the appropriate signature and stamp. Incomplete forms will not be accepted.

TO BE COMPLETED BY THE STUDENT:

Student's Name: _____ Panther ID: _____

Relevant time Period: _____ Affected Semester(s) _____

Medical problem pertains to: _____ Student _____ Immediate Family Member (please circle one: grandparent, parent, sibling, spouse, or child) **Must provide written support from their primary health care provider, social worker, or case manager as the primary caregiver.**

I am requesting Dr. _____ to release the information requested below to Florida International University for the purpose of supporting my student petition.

_____ _____
Student's Signature Date

TO BE COMPLETED BY HEALTH CARE PROVIDER:

The student listed above is petitioning for removal of grades or courses at FIU. The student feels a medical condition may have directly or indirectly affected their academic progress. At the student's request, we would appreciate your cooperation in answering the following questions. Thank you for your assistance in this matter.

Health Care Provider's Name: _____

Health Care Provider's Type (Credentials): _____

License Number & State: _____

Health Care Provider's Address: _____

Telephone: _____

Specific dates you treated this patient or family member: _____

Health Care Provider's Office Stamp or Business Card

In your opinion, was there a time period that the student was unable to attend class? YES _____ NO _____

If yes, please provide specific dates (MM/DD/YYYY): From _____ TO: _____

Would this medical condition affect the student's ability to study or engage in class activities for periods of time?
YES _____ NO _____ If YES, please explain:

Would medication that you prescribed have interfered with the student's ability to complete coursework? YES _____ NO _____
If YES, please explain:

In your opinion would it be medically necessary for the student to (select one: withdraw from all classes/ reduce their course load) during the affected term(s)? YES _____ NO _____

Additional Comments: (Please supply additional information on health care provider's letterhead if space is insufficient)

Health Care Provider's Signature: _____ Date _____

SUBMISSION INSTRUCTIONS

1) Submit form along with your Student Petition to a OneStop Enrollment Coordinator in:
MMC, SASC Building, 1st Floor; Phone: 305-348-7000
BBC, AC1 100; Phone: 305-348-7000