

Mercer University Health Documentation Form

Student's Name (Please Print)

Term

Date

Health Documentation -To be completed by the Student's Licensed Healthcare Professional

This form is to be included in the appeal submitted to the Retroactive Enrollment and Refund Appeals Committee.

- 1. Please explain the student's health condition and how it impacted their academic success.**

- 2. Please provide any additional information that you think would be useful for the committee to know when making a decision on this tuition refund appeal.**

Authentication Statement

By my signature, I certify that the information provided above is correct and it is my professional opinion to confirm the need for the student to withdraw from Mercer University during the term. I understand that the health information provided will be kept in the student's confidential file.

Licensed Health Professional Signature

Printed Professional Name

Address and Phone Number

Date