

Mercer University Health Documentation Form

(To be completed by the Student's Licensed Healthcare Professional and included in the appeal submitted to the Retroactive Enrollment and Refund Appeals Committee)

Student Information

Student's Name (Please Print): _____

Term: _____ Date: _____

Section 1 – Health Condition Impact

Please explain the student's health condition and describe how it affected their academic success:

Section 2 – Additional Information

Please provide any additional details that would be helpful for the Retroactive Enrollment and Refund Appeals Committee when reviewing this request:

Authentication Statement

By signing below, I certify that the information provided is accurate and reflects my professional opinion regarding the student's need to withdraw from Mercer University during the term. I understand this information will remain confidential and be stored in the student's secure record.

Licensed Healthcare Professional Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____ Date: _____