



Student Name _____

PID Number _____

Family Member's Name: _____

Instructions for the student

In addition to this form, you are encouraged to provide documentation from other objective, credible, and verifiable sources such as care givers and other professionals familiar with the situation who can attest to your care of and relationship with the individual who is ill. Letters from professionals should be on their business letterhead. If you are travelling to be with the ill individual, provide a copy of airplane/bus tickets or other documentation as applicable.

PROFESSIONAL VERIFICATION

This section is to be completed by a medical provider or other professional familiar with the circumstances prompting the student appeal. Once completed, it is returned to the student for submission with the tuition appeal form and other documentation.

To the medical provider or professional - Please provide this information based on your professional judgment.

The student named above is seeking a withdrawal from Ohio University based on a family medical emergency. A family medical emergency is an extraordinary circumstance, not related to the student's own physical or mental health, which prevents the student from continuing classes. To consider a tuition adjustment, the review panel needs a third party assessment of the student's role in the care and support of the family member. These circumstances include care of a seriously ill child, parent, or spouse/domestic partner, or grave medical diagnosis of a member of the student's immediate family that results in the student assuming additional family and caregiving responsibilities.

Student's relationship to the person requiring medical care:

- spouse/domestic partner
- parent/step-parent/guardian
- minor child, step-child, or child in student's custody
(18 and under)
- adult child (over 18)
- grandparent
- grandchild age: _____
- brother/sister
- mother-in-law/father-in-law

Medical Condition Type

- Acute onset: Description _____ Onset Date: _____
- Medical Diagnosis: Description _____ Diag. Date: _____
- Other (please provide brief summary) _____

To the best of your understanding, which best describes the student's care and support of the ill person?

- Primary care giver (transporting to/from medical appointments, providing home care)
- Supplemental family care giver (works with family members or professional care providers to give direct care to the individual)
- Support for an individual who is hospitalized for more than 48 hours
- Other (please describe) _____

Form completed by:

Professional's Name _____ Title _____

Signature _____ Date _____

Please check your role in the family member's care:

- Counselor
- Medical Professional or Provider
- Psychiatrist
- Psychologist
- Social Worker
- Other _____