

PROVIDER REPORT FORM

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FORM D

SECTION I: Completed by Student *(Please print legibly in ink or type. Information must be legible.)*

Student Name: _____ Date of Birth: _____ UCF ID: _____

Semester/term for which medical withdrawal is being sought: _____

Reason for medical withdrawal: _____

Dates of hospitalization, if any: _____

Student's Signature: _____ Date: _____

*** SECTION II: Completed by Physician/Treatment Provider** *(Please print or type. Information must be legible. Your clear and precise response is important and may affect the student's current and future enrollment at the University. Processing of student's request will be delayed if this section is not completed.)*

Provider Name: _____

Address: _____

Telephone: _____ Fax: _____

A. Your Treatment of the Student

Medical Psychological Psychiatric Alcohol/Drug N/A

Dates seen during the medical withdrawal term: (From) _____ (To) _____

Total # of sessions/appointments during the medical withdrawal term: _____

Diagnosis: _____

Did the condition exist before the start of the semester in question? YES* NO

*If yes, what changed in the condition during this semester that resulted in being unable to complete the courses?

Medications (If yes, please specify): _____

Dates of hospitalization, if any: _____

Current Status: _____ Stable _____ Unstable

Care Plan: _____ Requires ongoing care _____ Requires periodic follow-up _____ No follow-up required

Prognosis: _____

Will you continue to provide services to the student? YES NO

If relevant, to whom will the student's care be transferred while on medical withdrawal?

B. Criteria for Medical Withdrawal

It is expected that all providers who submit documentation on behalf of a student pursuing a medical withdrawal will have been the student’s treatment provider during the period of disabling illness. If the provider did not treat the student during the semester from which the student is requesting a medical withdrawal, the provider must explain how he/she is able to accurately assess the student's condition during that semester. The information provided should be sufficient to substantiate the severity of the student’s condition during the semester in which medical withdrawal is being sought. The impairment must reflect a severity level that substantially interfered with activities of daily living such that the student was unable to carry out academic activities or complete all courses for the remainder of the term.

Medical withdrawals can only be approved in cases where the student is unable to finish the term. A medical withdrawal is usually for all courses in the term. If a student is requesting a selective withdrawal, the student must have documentation explaining how only the select courses are affected by the medical condition.

C. Your Assessment of the Student’s Condition

Please provide a written statement describing the severity of the student’s condition during the semester in question to date and how it affected his/her academic functioning. If the student was diagnosed prior to the start of the semester in question, please indicate what changed in the condition that resulted in the student's inability to meet course requirements.

D. CERTIFICATION

I hereby certify that the above-named student’s condition reflected a severity level which substantially interfered with his/her activities of daily living such that he/she was unable to carry out academic activities or complete all courses for the remainder of the term.

YES

NO

Unable to Certify Due to Insufficient Information*

*If you are unable to certify the required severity of the condition, you may still provide any relevant information.

Signature of Provider: _____

Date: _____

(Interns who are completing this form should have their licensed supervisor co-sign.)

Please mail this original form to Academic Services at the address below.
This form will not be accepted if hand-carried or mailed in by the student.

**Academic Services - Millican Hall 161
University of Central Florida
P.O. Box 160125
Orlando, FL 32816-0125**

As an alternative, you can also submit via e-mail: acadserv@ucf.edu
If you have questions or concerns, you can reach us at 407-823-4515.