FRONT RANGE COMMUNITY COLLEGE
MEDICAL DOCUMENTATION
REQUIRED FOR STUDENT APPEAL

STUDENT INFORMATION: (TO BE COMPLETED BY STUDENT)

Name: _____ Student ID #: S_____

Address: _____ Phone #: _____

Email: _____@student.cccs.edu_ Affected semester: _____

"I authorize the release of any medical information necessary to process this petition."

_____ _____
STUDENT'S SIGNATURE **DATE**

MEDICAL INFORMATION: (TO BE COMPLETED BY HEALTH CARE PROVIDER)

Name: _____ Phone #: _____

License # & State: _____ Medical Specialty: _____

Address: _____

Dates you treated this student or their family member:_____

Was there a time period that the student was unable to attend class? ☐YES ☐NO

If yes: From _____ To _____
(Date) *(Date)*

Would medications prescribed interfere in any way with the student's performance in class? ☐YES ☐NO

If yes, please explain:

In your opinion would it be medically necessary for the student to withdraw from <u>all classes</u> during the affected term?
☐YES ☐NO

In your opinion, would it be medically necessary for the student to reduce his/her course load during the affected term?
☐YES ☐NO

When was/will the student be able to return to Front Range Community College? _____

Additional Comments:

_____ _____
PHYSICIAN'S SIGNATURE **DATE**

RETURN TO:

<u>Westminster Campus</u>
Front Range Community College
CW Student Appeals Committee
Dean of Student Services
3645 W 112½ Avenue
Westminster, CO 80031-2199

<u>Boulder County Campus</u>
Front Range Community College
CW Student Appeals Committee
Dean of Student Services
2190 Miller Drive
Longmont, CO 80501

<u>Larimer Campus</u>
Front Range Community College
CW Student Appeals Committee
Dean of Student Services
4616 South Shields Street
Fort Collins, CO 80526-3812