

**STUDENT INFORMATION: (TO BE COMPLETED BY STUDENT)**Name: \_\_\_\_\_ Student ID #: S \_\_\_\_\_

Phone #: \_\_\_\_\_ Student CCCS Email: \_\_\_\_\_ @student.cccs.edu

Affected semester(s):  Fall  Spring  Summer Year(s): \_\_\_\_\_***"I authorize the release of any medical information necessary to process this appeal."***\_\_\_\_\_  
**STUDENT SIGNATURE**\_\_\_\_\_  
**DATE****MEDICAL INFORMATION: (TO BE COMPLETED BY MEDICAL/MENTAL HEALTH PRACTITIONER)**

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

License # &amp; State: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) you treated this student: \_\_\_\_\_

**Was there a time period that the student was unable to attend class?**  YES  NO  N/AIf **yes**, please indicate dates: From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)**In your opinion, would the student's medical or psychological condition have negatively impacted academic performance and/or the ability to pursue normal activities?**  YES  NO  N/A**In your opinion, would it be medically or psychologically necessary for the student to reduce his/her course load during the affected term?**  YES  NO  N/AIf **yes**, would it be necessary to withdraw from all courses?  YES  NO  N/A**In your opinion, have the student's medical or psychological issues improved enough to allow the student to be able to return to Front Range Community College and successfully complete college level course work?**  YES  NO  N/AIf **yes**, please indicate as of what date: \_\_\_\_\_**Additional Comments:**  
  
  
\_\_\_\_\_  
**MEDICAL/MENTAL HEALTH PRACTITIONER SIGNATURE**\_\_\_\_\_  
**DATE**

## RETURN TO:

**Westminster Campus**  
Front Range Community College  
Welcome Center Desk **or**  
Dean of Student Affairs  
3645 W 112<sup>th</sup> Ave. C0552  
Westminster, CO 80031-2199**Boulder County Campus**  
Front Range Community College  
Welcome Center Desk **or**  
Dean of Student Affairs  
2190 Miller Dr. A1304  
Longmont, CO 80501**Larimer Campus**  
Front Range Community College  
Welcome Center Desk **or**  
Dean of Student Affairs  
4616 South Shields Street MA150  
Fort Collins, CO 80526-3812**Online Learning**  
Front Range Community College  
Boulder County Campus  
2121 Miller Drive C1614  
Longmont, CO 8050