

COLLEGE OF DUPAGE

Student Registration Services-SSC 2221
425 Fawell Blvd
Glen Ellyn, IL 60137
Phone: (630) 942-2377
Email: medicalappeal@cod.edu

Rcvd. By: _____
Date: _____

MEDICAL APPEAL

Part 2: Completed by Healthcare Professional

APPEALS WILL ONLY BE CONSIDERED FOR 2 TERMS PRIOR TO THE CURRENT TERM.

STUDENT (PATIENT) NAME: _____ **COD ID#** _____

PART 2: To be completed only by a healthcare professional (complete only one section -- A or B, as appropriate)

Section A – Student is the patient

Diagnosis of the severe medical condition that significantly impaired or affected the student’s class attendance or participation during the term indicated: _____

When did the student become medically unable to attend and/or participate in classes during the above listed term?

Start Date: _____ End Date: _____

Provide specific restrictions that impaired the student’s attendance/participation in courses being appealed for the term indicated: _____

Section B – Student is acting as “caregiver” to a family member with a medical condition that prevents him/her from attending and/or participating in course(s).

The student was is/was acting as caregiver from _____ to _____ (start & end date)

Name of patient: _____ Relationship to student: _____

Diagnosis of the severe medical condition that significantly impacted the patient and affected the student’s class attendance or participation during the term indicated:

Healthcare Professional’s Signature

Date

Office Phone Number

Please place office stamp here

If office stamp is unavailable, please supply written verification on letterhead or prescription paper.

Return completed form and typed statement or letter to medicalappeal@cod.edu. (This is a secure mailbox accessed only by the Medical Appeal Specialist and the Manager of Student Registration Services).