

Purpose of this Form

This form serves as documentation of medical/health issues in support of a student’s petition submitted to San José State University.

Student Instructions

Complete Section I (below) and attach a copy of your **completed** university petition (drop, withdrawal, reinstatement, leave of absence, or other) except for signatures to this form before submitting it to your healthcare provider. Once signed by your healthcare provider, attach this completed form to your petition.

Section I. For Completion by the STUDENT		
Student Name	Student ID	Preferred Phone No.
Preferred Email Address		
Indicate the term you are requesting a drop/withdrawal/leave/other below (e.g., Spring 2022)		
I authorize the healthcare provider named below to complete this form and provide the information requested by San José State University. NOTE: The information sought on this form pertains only to the condition for which the student is submitting a petition.		
Student or Patient Signature		Date

Healthcare Provider Instructions

The student above has requested a course drop, semester withdrawal, or leave of absence for health reasons, or to care for your patient. The student’s completed university petition must be attached to this form for your consideration. Please answer all applicable sections below.

Limit your responses to the condition for which the student is requesting a drop, withdrawal, or leave. Do not provide any specifics of the medical condition, only whether, in your best judgment, the student’s coursework performance is (for a leave or withdrawal from current classes) or was (for a retroactive withdrawal from classes in the past) likely to be critically affected by their medical condition. In your assessment of mental health diagnosis, please address stress resulting from poor academic performance, distinguished from significant non-academic stresses that are likely to be causing poor performance.

Late in or following a semester, it is extremely rare for the university to allow individual courses taken within an array of courses to be dropped. Dropping an individual course requires that sound medical reasons exist—rather than simply poor academic performance—to justify why one or more courses should be treated differently than other courses enrolled in during the same term. For that reason, be specific about types of coursework that are to be restricted, such as physical education activity courses, or laboratory or fieldwork courses. Keep in mind that the duration of a student’s condition may temporarily affect a lesser portion of a semester so that accommodations from the instructor would be sufficient to allow course completion without a course drop.

Section II. For Completion by the HEALTHCARE PROVIDER

Part A: Medical Facts

1. Name of Student/Patient _____
2. Date of diagnosis _____
3. Date student was able to, or will be able to, return to coursework _____
4. Is or was the condition severe enough to prevent the patient/student from successfully completing their semester studies (coursework) in the requested term? Yes No

5. Do you authorize any specific restriction on coursework (such as physical activity courses)?

6. Is the medical condition serious enough to warrant withdrawal from an entire semester's set of classes (a past or the current semester) or a leave of absence for one or more future semesters? Yes No

Section II. For Completion by the HEALTHCARE PROVIDER

Part B: Healthcare Provider Information

Name of Healthcare Provider	Address
Phone	
State License Number	Licensed to Practice in the State(s) of
Healthcare Provider Signature	Date

Optional Healthcare Provider Notes