



MEDICAL ASSESSMENT FORM: PART I (to be completed by student)

Student Name: _____ Student ID Number: _____

Student Address: _____ Student Email: _____

City: _____ State: _____ ZIP Code: _____ Phone: (____) _____

USE: If submitting a petition to the College of Liberal Arts and Sciences that indicates a serious medical concern as a reason for an exception then this form must be submitted with your petition in order for your petition to be considered.

PROCEDURE:

1. Complete and sign Part I
2. Ask your physician or licensed health care provider to complete and sign Part II
Please note you may need to fill out additional paperwork with your provider before they are able to complete the following form.
3. Submit the completed form with appropriate petition form to College Student Academic Services

HOW TO SUBMIT COMPLETED FORM:

Online/In-person: Attach documentation at the time you submit your petition form either online (retroactive withdrawal, reinstatement or readmission petitions only) or in person at 109 Strong Hall (both petition form and medical/clinical assessment form are needed to review petition requests)

OR

Mail to: College Advising and Student Services
109 Strong Hall
1450 Jayhawk Blvd
Lawrence, KS 66045-7535

OR

Fax to: (785) 864-5806

Indicate the nature of the petition

- Withdrawal due to medical reasons
- Request to continue at KU after academic dismissal
- Other _____

Indicate the semester(s) and year that your academics were impacted Fall Spring Summer Year _____

Please read carefully before signing below:

I understand that:

- Both sides of this form must be completed, in full, in order for the request to be accepted and considered
- Copies of this form may be provided to all appropriate campus offices
- Falsification of information may lead to disciplinary action by the University.
- By signing this form, I authorize the University to use the following medical information for purposes relevant to my petition request. I also authorize my health care provider to provide information about my health to the University.
- Furthermore, I understand that my health care provider may be contacted for verification purposes.

Student signature: _____ Date: _____

(Form continued on the next page)



Student Name: _____ Student ID Number: _____

Semester(s) and year where academics were impacted Fall Spring Summer Year _____

MEDICAL ASSESSMENT FORM: PART II (to be completed by medical/clinical professional)

Date illness/injury began: _____ Date(s) services were delivered: _____

Nature of illness or injury (diagnosis): _____

1. What information are you basing your assessment on (multiple office visits, physical therapy, outpatient surgery, etc.)?

2. To what degree did the condition impact the student's ability to attend class?

Significant (Please explain how below) Moderate Low Not at all Undetermined

3. To what degree did the condition impact the student's ability to study and/or academic performance (impact on attention, memory or executive functioning)?

Significant (Please explain how below) Moderate Low Not at all Undetermined

4. Based on the questions above, how long did the condition impact the student's ability to attend class and/or their academic performance?

Chronic 12+ weeks 6+ weeks 3+ weeks 1-2 weeks Less than 1 week Undetermined

5. If condition is chronic, please explain when and how the condition changed such that it impacted the academic semester(s).

6. Is the student currently undergoing treatment/recovery that will impact academic performance in the upcoming semester?

No Yes (Please explain impact on upcoming semester and your recommendation for continuing academic coursework)

Additional comments can be attached on a separate statement, if desired.

Medical/Clinical Professional's Printed Name: _____ License #: _____

Medical/Clinical Professional's Signature: _____ Date: _____

Medical/Clinical Professional's email address: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Thank you for your assistance in filling out this form for one of our students