NOTE: This form is to be completed by the student’s physician or mental health practitioner, stapled to a one-page letter, and returned to the student to be submitted by the student with the appeal.

注：此表格必须由该学生的诊疗医生或心理健康科填写，并且盖章。在填写盖章完后，交还给该学生。此表格应由该学生提交给申诉委员会。

Please provide your professional judgment regarding the student named above.
请对该学生提供你的专业判断。

To consider tuition adjustments based on a medical withdrawal, we need appropriate medical documentation. Please provide a one-page letter describing the medical/psychological condition of the student. You should include information about the initial on-set of the condition, type, frequency and severity of symptoms, treatments or medications necessary to alleviate symptoms, and the medical necessity behind the withdrawal. We are particularly interested in whether this medical/psychological condition prevented or adversely impacted this student from remaining in classes. Please staple your letter to this form and return it to the student to be included with the appeal.
为了处理因为身体健康原因而退学的学生的学费调整或退费情况，我们需要您提供医生的医疗证明。请提供一份（一页纸）描述该学生的身体或心理健康状况的医疗证明。该证明应该包括病状的初始病因，类别，症状的严重程度，发病频率，所采取的治疗手段，以及其他导致学生不能继续学业的病因。（我们特别需要了解该学生或心理病况会对学生继续学业造成直接的负面影响或者导致学生不能继续学业。）请将你出具的这份证明和该表格订在一起，并一起交给该学生。

In addition, please answer the following questions below:
此外，请回答以下问题：

1. What date did this student first seek treatment? ____________________________
    该学生第一次就诊的日期是什么时候？

2. Does this student’s condition/treatment require that she/he medically withdraw from the university? 
   _____ No _____ Yes If yes, what date? ______________________
    该学生的健康状况或治疗手段要求学生必须退学吗？
    _____ 不必要_____必要 (如果是必要，请写明退学的时间？____________________）

3. Is the student medically able to return to the University? _____ Yes _____ No
    该学生能否在接受治疗的同时继续在俄亥俄大学的学业？_____可以_____不可以

____________________________________________________
Physician/Mental Health Provider’s Signature
医生或心理咨询医生的签名

Date
日期

Appeals/medical documentation form

Revised 8/19/09