



OHIO
UNIVERSITY

Division of Student Affairs
Housing & Residence Life

Medical Withdrawal or Contract Termination Room & Board Cost Adjustment Request

Provider Report Form

This form must be completed by the **student's physician/mental health clinician/service provider** and be sent directly from the provider to Housing and Residence Life by either fax (740.593.4089), United States mail, or emailed to housing@ohio.edu. If you are filing a tuition appeal with your college office, it is not necessary to complete this form. If the tuition appeal is approved, Housing and Residence Life will adjust your housing and dining charges to a weekly rate based on your check out date (the date in which a key is returned, and the space has been vacated). You can notify Housing and Residence Life that you are filing a tuition appeal by sending an email to housing@ohio.edu.

Student Information (to be completed by student)

First Name: _____ Last Name: _____ Student PID: _____

Remaining enrolled in Ohio University through completing courses remotely due to medical necessity

Withdrawing from Ohio University due to medical necessity

Provider Information (to be completed by medical professional)

First Name: _____ Last Name: _____ License Number: _____

Licensed As/Licensure Type: _____ State of License: _____

Date of First Visit with Student: _____ Date of Most Recent Visit: _____ Total Visits (Last 3 Months): _____

Professional Assessment (to be completed by medical professional)

In order to objectively evaluate the need for a housing or dining withdrawal or contract termination cost adjustment, provide detailed information related to the medical and/or psychological condition of the student.

Send a written assessment on clinical letterhead, including: the initial on-set of the condition; the type, frequency, and severity of symptoms; and treatments or medications necessary to alleviate symptoms. The written assessment and this document should be faxed, mailed, or emailed as per the directions at the top of the form.

Answer one of the following:

Does the student's condition/treatment require that they medically withdraw from the University?

Yes

No

-OR-

Does the student's condition/treatment require that they leave on campus housing and complete classes in a remote format?

Yes

No

In addition, answer the following:

Is the student medically able to return to the University?

Yes

No

On what date did the student first seek treatment for the condition that resulted in the request for a medical withdrawal or contract termination? Date: _____

Provider Signature

Signature: _____ Date: _____