

**Petition for Health-Related Reasons**

**This document must be COMPLETED BY THE HEALTH CARE PROVIDER, not the student.**

Students petitioning for health reasons must provide documentation to the College from their health care provider in order to assist the College in understanding how the health concerns impair the student’s academic functioning.

This information will be reviewed by staff in the College’s Wellness Center and the Subcommittee on Academic Standards. The health professionals in the Wellness Center will make a recommendation to the Subcommittee and may require conversations with the student and/or the treatment provider(s) in order to do so. Consequently, it is helpful to have releases of information signed permitting communication with both of the above offices at the College. The Subcommittee on Academic Standards will make the final decision for the College regarding a student’s petition.

The College requests the following information from you as the student’s health care provider. Please complete and return this form along with any additional records that might inform the College’s decision to the Subcommittee on Academic Standards. Documents should be scanned and emailed to [asc@dickinson.edu](mailto:asc@dickinson.edu). For questions, please email [asc@dickinson.edu](mailto:asc@dickinson.edu).

1. **Student’s Name**
2. **Assessment**
   1. Diagnosis/Diagnoses:

Click here to enter text.

* 1. Relevant symptoms this semester that contributed to impairment in academic functioning, with timeline as to how these symptoms progressed during the course of the semester:

Click here to enter text.

1. **Treatment history with the student**
   1. Date range of treatment with the student:

Click here to enter text.

* 1. Type and frequency of treatment during that time period:

Click here to enter text.

**Provider contact and licensure information:**

Click here to enter text.