

Medical Verification Form for Registration Appeal



Registration and Academic Records, 132 Wigley Administration, Mankato, MN 56001

Phone: 507-389-2252

Email: registration@mnsu.edu

Fax: 507-389-6260

If a physical or mental health condition contributed to your inability to complete course (s), your healthcare professional should verify the extenuating circumstances explained in your registration appeal using the form below.

MEDICAL RECORDS ARE NOT REQUIRED IF THIS FORM IS COMPLETED BY A MEDICAL PROVIDER

Student Information: Completed by the student prior to submitting to a medical provider.

Last Name: _____ First Name: _____

Tech or Star ID: _____ MSU Email Address: _____

Term(s) impacted by condition being documented:

Fall 20 _____ Spring 20 _____ Summer 20 _____

I authorize my healthcare professional to document/verify my condition for this situation.

Student Signature: _____

Date: _____

Medical Provider Section: The medical provider must complete this section.

The student named above is requesting documentation of a physical or mental health issue which may have impacted academic performance.

Provider Name: _____

Provider Contact Information: _____

Physical/Mental Health Condition (brief description; attach additional pages if needed):

Date of Onset of Condition: _____ Duration of Condition: _____

In your opinion, did the issue impede the student's ability to ATTEND class? ☐ Yes ☐ No

If yes, please list dates when attendance may have been impacted: _____

In your opinion, did the issue impede the student's ability to COMPLETE coursework? ☐ Yes ☐ No

If yes, please list dates when coursework may have been impacted: _____

Provider Signature: _____

Date: _____

Medical provider should return this form to the student. The student is responsible for submitting the form with their Registration Appeal.