

 **ACC EXTENUATING CIRCUMSTANCES
APPEAL FOR TUITION CREDIT
MEDICAL DOCUMENTATION FORM**

Top part: to be completed by student and submitted with the Extenuating Circumstances Appeal for Tuition Credit Form.

Name: _____ SID: _____

Address: _____ Phone Number: _____

I authorize the release of any medical information necessary to process this appeal.

Student signature

Date

To be completed by a physician or medical professional:

Name: _____ Medical specialty: _____

Date of onset of illness, injury or condition: _____

Phone Number: _____

Address: _____

Please explain how this illness, injury or condition prevented this student from attending class(es) and/or completing coursework:

I attest the above information to be true and accurate.

Physician's signature

Date

Physician's stamp (if applicable)

Return to:

Arapahoe Community College
Campus Box 35
5900 S. Santa Fe Drive
P.O. Box 9002
Littleton, CO 80160-9002

acc.dos@arapahoe.edu
Phone: 303.797.5730