



Family Caregiver Tuition Appeal Form

This form must be completed by a licensed medical professional. **Form and signatures cannot be typed.**
Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

Student and Patient Information: The student must complete this box before submitting to the medical provider.

Student Name _____ PPSC Student ID# _____

Student Email _____ Semester Student is Appealing _____

Student Phone _____ Patient Name _____

Patient Email _____ Patient DOB _____

Patient Phone _____ Patient's relationship to student _____

I authorize the release of medical information necessary to process this Tuition Appeal.

Student Signature (If caring for a minor) **OR** Signature of Person Requiring Care (if over 18) _____ Date

Medical Office Use Only: The student may not write in this box.

Practice Name	
Medical Professional Name	
Medical Specialty	
Medical Professional License#	
Medical Office Address	
Medical Office Phone and Email for Verification	

Please provide a brief description of the student's unforeseen caregiving duties:

Would the caregiving duties have affected the student's ability to participate in on campus courses: () Yes () No

Would the caregiving duties have affected the student's ability to participate in online courses: () Yes () No

Please indicate the time period that the student would have been unable to participate:

From ___/___/___ to ___/___/___
Date Date

Medical Professional Signature and Date **(Required)**

Physician Office Stamp **(Required)**