Supporting Medical Documentation Form

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU Email:      @mylaurier.ca

Program (e.g. MSc Geography):

# Part 2: Course Information

To be completed by the student.

Petition pertains to which term:

Fall (Sept-Dec)  Winter (Jan-Apr)  Spring (May-Aug)

Year: 20

List Course(s) Dropped/Withdrawn from:

# Part 3: Physician Information

To be completed by attending physician.

Date seen by Physician (DDMMYYYY):

Date Illness Began (DDMMYYYY):

For medical reasons, the student is/was unable to continue in the above noted courses due to medical incapacity.

Yes  No

Level of Incapacitation:  Mild  Moderate  Severe

Date Student Could No Longer Participate in Course(s) (DDMMYYYY):

Expected Date Student is Able to Return to Studies (DDMMYYYY):

Physician’s Name:

Physician’s Address:

Physician’s Email:

Physician’s Phone:

Signature of Physician:       Date:

# Part 4: Student Acknowledgement and Approval

To be completed by the student.

Should there be a need to clarify information, I hereby provide permission to contact my physician.

Student’s signature:       Date:

Upon completion by the student and physician, student must return this form to the FGPS. The form can be delivered in person, or, scanned and emailed to fgps@wlu.ca.

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