

**Mercer University Health Documentation Form**

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Student's Name (Please Print)

\_\_\_\_\_  
Term

\_\_\_\_\_  
Date

**Health Documentation -To be completed by the Student's Licensed Healthcare Professional**

**This form is to be included in the appeal submitted to the Retroactive Enrollment and Refund Appeals Committee.**

**1. Please explain the student's health condition and how it impacted their academic success.**

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**2. Please provide any additional information that you think would be useful for the committee to know when making a decision on this tuition refund appeal.**

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**Authentication Statement**

By my signature, I certify that the information provided above is correct and it is my professional opinion to confirm the need for the student to withdraw from Mercer University during the term. I understand that the health information provided will be kept in the student's confidential file.

\_\_\_\_\_  
Licensed Health Professional Signature

\_\_\_\_\_  
Printed Professional Name

\_\_\_\_\_  
Address and Phone Number

\_\_\_\_\_  
Date