

Health Documentation Form - Section I

Student Information	
Student Contact Information	<div style="display: flex; justify-content: space-between;"> _____ Name (Please Print) _____ Date Submitted </div>
	<div style="display: flex; justify-content: space-between;"> _____ KSU Student ID number _____ Email Address </div>
	<div style="display: flex; justify-content: space-between;"> _____ Street Address () Phone Number </div>
	<div style="display: flex; justify-content: space-between;"> _____ City _____ State _____ Zip </div>

Instructions on Completing the Health Documentation Form	
Instructions	<p>This document, including questions 1-3 on page 2, must be completed and signed by a licensed health professional. The documented information must include a detailed explanation how the particular health condition has negatively impacted the student's academic success during the term. Each of the questions on page 2 must be addressed. Please note, the Tuition Refund Appeal Committee reserves the right to consult the University's Chief Physician and/or Psychologist as needed.</p>
	<p>The completed form must be submitted, by the student, along with their Tuition Refund Appeal Application, to the physical or email address listed below:</p> <div style="text-align: center; margin-top: 20px;"> <p>Kent State University Attn: Tuition Refund Appeal Committee - Bursar's Office P.O. Box 5190 Kent, OH 44242-001 Email: bursar@kent.edu Fax: 330-672-2615</p> </div>

