To be Completed by Licensed Provider

1. **Diagnosis: DSM IV (psychological) or Medical (include brief description):**

_____

_____

_____

2. **Please indicate the dates that reflect the scope of treatment for the medical or psychological illness/injury:** _____

3. **Based on your professional opinion, do you recommend that this student be granted a withdrawal from the course(s) indicated in Section B (please check 'yes' or 'no').** ____ yes ____no

_____ _____
Signature of Licensed Provider Date

_____ _____
License Number of Provider Phone Number of Provider

FOR OFFICE USE ONLY:

Documentation has been received, reviewed, and substantiated by qualified Harper College personnel:

_____ _____
Nurse Signature Date

_____ _____
Director of HPS Date

_____
Date Recommendation for Medical Withdrawal Forwarded to Records and Registration for Processing