

PETITION FOR EMERGENCY INCOMPLETE FOR MEDICAL REASONS

Medical emergency incompletes may be authorized by the Dean of Studies for medical illnesses and/or injuries that result in major unexpected impairment to the students' ability to complete academic work. The condition must be currently under the care of a medical provider and documentation of the impairment must be provided. While personal information will be treated confidentially, your professor(s) will be consulted about your incomplete request.

TO BE COMPLETED BY THE STUDENT

Name _____ T# _____ OCMR _____

Division: College Conservatory Double Degree

Please describe the onset of illness/injury _____

Describe briefly nature of treatment received _____

Describe how the illness/injury interfered with your ability to complete academic work _____

Were you seen by Student Health Services: Yes No

NOTE: If you received care for this illness/injury from a provider other than Student Health Services, you must present supporting documentation along with this form.

I understand and authorize that my medical records may be used in determining my eligibility for an emergency incomplete.

Student's Signature _____

Today's Date _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Name of provider _____ Phone # _____

Student was seen by provider on _____ Please list visits over the last four months

Diagnosis _____

Treatment _____

In your judgment, what effect has the student's illness/injury had on his/her ability to complete academic work _____

Please provide supporting medical documentation on the nature of the student's illness/injury. This information will be treated with confidentiality.

Provider's signature _____

Today's Date _____