

Health Care Provider Verification Form

Return form to:
Salem State University
Enrollment Management
352 Lafayette Street
Salem, MA 01970
mmachado@salemstate.edu
FAX 978.542.3001

INSTRUCTIONS TO THE HEALTH CARE PROVIDER

In order to consider a petition for a waiver of tuition forfeiture fees, Salem State University requires documentation from a licensed health care provider verifying a current condition that prevents the student from attending the university during this semester. Please provide the following information along with a signed piece of letterhead after the student/patient has completed the release consent at the bottom of this form.

Name of Student Patient _____
(Last) (First) (Middle)

Description of student/patient's condition and how it prevents their academic participation at the university.
(Attach additional sheets as necessary)

When did you first examine the student regarding this condition? _____

When did you last examine the student regarding this condition? _____

I certify that, in my professional opinion, the above named student is/was impacted due to a diagnosis during the _____ (semester) of _____ (year) as described above.

Signature of Health Care Provider _____

Health Care Provider's name printed _____

Date _____ Health Care Provider's phone number _____

CONSENT TO RELEASE MEDICAL INFORMATION

I, _____, give my permission for my health care provider to release information to Salem State University concerning my physical condition as it relates to my request for a waiver of tuition forfeiture fees.

Student ID Number _____

Signature of Student

Date

Signature of parent or guardian (if student under the age of 18)

Date

Completion of this form does not guarantee a refund. The Refund Appeals Committee reviews all materials submitted and makes a recommendation for approval or denial of appeals.

Appeal Cover Sheet

Return form to:
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Enrollment Management
352 Lafayette Street
Salem, MA 01970
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FAX 978.542.3001

PLEASE PRINT THIS FORM AND ATTACH IT TO YOUR APPEAL.

Name _____
(Last) (First) (Middle)

Mailing Address _____

City _____ State _____ Zip _____

Student Identification Number _____

Phone Number _____

Email Address _____

Year and Semester of Appeal _____

Form(s) of payment used (check all that apply): Cash Credit Card Check Financial Aid Payment Plan

INSTRUCTIONS

1. Describe the reasons for your appeal in no more than two typewritten pages and attach to this sheet along with the required supporting documentation. As a general rule, appeals should be submitted within 30 days of date of withdrawal.
2. Appeals requested due to medical reasons must include documentation from a physician, clinic or hospital including a specific diagnosis and dates of treatment, as well as statements indicating your ability to attend classes.

My signature below affirms that I understand the following:

1. Students are responsible for ensuring all supporting documentation is submitted with the initial appeals package. Incomplete appeals packages will not be reviewed until all supporting documentation has been received which might result in a delay of the final decision.
2. Adjustments to withdrawal dates and tuition and fee charges may impact financial aid eligibility, which may result in the need for students to return any financial aid that has already been refunded to them.
3. Committee meetings are held once each month. Appeals are heard in the order received and must be received **no later than** the last day of the month in order to be heard in the next month.
4. Submission of this package does not guarantee that a student's appeal will be granted.

Signature of Student

Date

Mail your appeal package to Enrollment Management, Attn: Maria Machado, Salem State University, 352 Lafayette Street, Salem, MA 01970-5353. Email: mmachado@salemstate.edu. Fax: FAX 978.542.3001. Following review, you will receive a letter or email notification indicating the disposition of your appeal.

University Refund Policy

PLEASE INITIAL NEXT TO EACH ITEM CONFIRMING THAT YOU HAVE READ AND UNDERSTAND THEM.

___ I have read the refund policy that applies to the courses I am requesting a refund for saalemstate.edu/students/refunds

___ I understand that the current balance noted on the leave of absence form was effective as of today and does not reflect any adjustments that may be required as a result of my leave of absence.

___ I understand that I may be responsible for ancillary charges such as but not limited to meal plans, residence hall charges and health insurance. I have spoken with a student accounts representative before submitting my leave of absence request to understand how my account balance will be impacted.

___ If my withdrawal is dated after my financial aid has been awarded to my student account, I understand that I may be responsible for paying back those funds that I am not longer eligible for. I have spoken with a financial aid counselor before submitting my leave of absence request to understand how my financial situation will be impacted.

___ I understand that my withdrawal may impact my academic record. I have spoken to an academic advisor before submitting my leave of absence request to understand how my decision will impact my current and future success at Salem State.

___ I understand that my withdrawal may impact my academic standing. I have spoken to an academic advisor before submitting my leave of absence request to understand how my decision will impact my current and future academic success at Salem State, as well as my financial aid eligibility.

___ I understand that if I am on academic probation at the time of my leave, and am receiving financial aid, that I must notify the academic advisor I speak with of my probation status. I know I must also speak with financial aid and failure to do so may adversely affect future financial aid eligibility at Salem State.

Resident Students Only:

___ I understand that my withdrawal may impact my eligibility to live in a residence hall. I have spoken with my resident director before submitting my leave of absence request to understand how my living situation will be impacted.

Veterans and Veterans' Dependent Students Only:

___ I understand that my withdrawal may impact my Veterans' benefits. I have spoken with the Veterans' representative before submitting my leave of absence request to understand how my eligibility will be impacted.