



**Treatment Provider Report Form**

For students requesting a Medical Withdrawal/Leave of Absence from Elon University

**INSTRUCTIONS TO THE TREATMENT PROVIDER:** The patient/client named below is a student of Elon University who has requested a medical withdrawal/leave of absence. The university must receive the Treatment Provider Report Form before requests can be processed. All documentation must be received at least five business days before the last day of classes for the term.

Please fax this form to the Office of the Dean of Students at 336.278.4126 and **ensure the student receives a copy.**

Students wishing to access/register for accommodations should contact Disabilities Resources at 336-278-6568 for more information. See information online at: <https://www.elon.edu/u/academics/academic-support/disabilities-services/>

Provider/Clinician Name:

Student Name:

Provider's Professional Credentials:

License #:

State of Licensure:

Date of diagnosis of condition/symptoms resulting in request:

Date of most recent appointment:

Diagnosis (ICD-10/DSM-5):

In what way has this student's medical condition/symptoms affected their academic progress, functioning, and/or ability to continue as an enrolled student at Elon University?

What additional treatment is recommended in order for this student to be able to resume academic progress at Elon University? Please include specific details regarding type/level/frequency and goals of treatment recommended. (Students are responsible for demonstrating compliance with treatment recommendations and progress towards/completion of goals prior to approval for return.)

**ATTESTATION BY LICENSED CLINICAL TREATMENT PROVIDER:**

Please sign below to confirm form has been completed by treatment provider or designee (student may not complete form).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_