



PIKES PEAK COMMUNITY COLLEGE
Tuition Appeal – Request for Medical Documentation

Student: If you are submitting a tuition appeal due to medical reasons, this form must be completed by the attending physician and returned with your Tuition Appeal Application.

Student Name: _____ SSN: _____
Address: _____ Phone number: _____

I authorize the release of any medical information necessary to process this appeal.

Student signature Date

(This section to be completed by the physician.)

Note: All sections must be complete. Please provide as much information as possible.

Physician's Name: _____ Phone number: _____
License #: _____ Address: _____
Medical specialty _____
Date of illness, injury _____
or condition _____

Restrictions (please explain in layman's terms):

Would these restrictions prevent the student from participating in their course(s) of study at this time?
() Yes () No.

If yes, please indicate the time period that the student would be unable to participate:

From _____ To _____
Date Date

I attest the above information to be true and accurate

Physician's signature Date Physician's Stamp

Pikes Peak Community College
Tuition Appeals Committee
5675 S. Academy Blvd., Box C8
Colorado Springs, CO 80906