

Health Documentation Form - Section I

	Student Information	
Student Contact Information	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name (Please Print)</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date Submitted</div>
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">MSUB Student ID number with dash</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Email Address</div>
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">()</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Phone Number</div>
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">City</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">State</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Zip</div>

	Instructions on Completing the Health Documentation Form
Instructions	<p>This document, must be accompanied by a formal letter from a licensed health professional documented information must include a detailed explanation how the particular health condition has negatively impacted the student's academic success during the term. The following questions must be addressed:</p> <ol style="list-style-type: none"> 1. In your professional opinion was it necessary for the student to withdraw from the courses listed in the tuition refund appeal? 2. Please explain how the student's health condition may impact her/his academic success. 3. Please provide any additional information that you think would be useful for the committee to know when making a decision on this tuition refund appeal.
	<p>The completed form must be submitted by the student, using email, fax, or address listed below:</p>

Montana State University Billings
 Attn: Business Services Office
 1500 University Drive
 Billings, MT 59101
 Email: businessoffice@msubillings.edu
 Fax: 406-657-2051