Health Requirements Deadline Extension Request Form

Name: ____________________________________________
Student Phone Number: ___________________________
Student ID Number: _______________ Student Academic Program: _______________________

Please explain the reason for your request and how you plan to meet the health record requirements for your program:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

Student Signature: ____________________________________________ Date: ____________________

Health record requirements must be submitted on time. Failure to meet the requirements may result in removal from the program. Extensions to deadlines are granted in only certain situations (i.e. late admission to a program, in the midst of some vaccination series). Deadline requests must be made in writing, using the Deadline Extension Request Form, to the Health and Wellness Center explaining why the student cannot meet the requirements. All requests will be reviewed on a case by case basis. Submission of a deadline extension request does not guarantee an extension will be granted. Students may be excluded from fieldwork or clinical affiliations until requirements are met.
OFFICE USE ONLY

Date Request Received: ________________

Date Request Reviewed: ________________

☐ Approved

☐ Denied

☐ Additional Information Needed

☐ Student Notified Via Email and Postal Mail

Updated 11/20/18 MC