

UW-Oshkosh Medical Appeal for Tuition Credit Request Form

Please make sure to read, understand, and follow the attached instructions to complete a Medical Appeal for Tuition Credit. Please submit ALL required materials with this form to *UW-Oshkosh Student Financial Services, Dempsey 236, 800 Algoma Blvd., Oshkosh, WI 54901*. *Original documents are required. Faxes will not be accepted.*

Student ID #

Student's Full Name:

Current Street Address:

City:

State:

Zip Code:

Email:

Phone #:

Term:

____ Fall ____ Spring ____ Summer

In the space below, please type or print concisely your request. Provide a narrative summarizing the situation. Please use a separate page for additional information if needed. **Attach appropriate documentation to support your request. Complete medical documentation is required on original letterhead.**

I hereby certify that the information and documentation that I have submitted for this petition is true and accurate to the best of my knowledge.

Student's Signature: _____ Date of Application: _____

Office Use Only:

Balance:

Action:

Approved Original Documentation Received: No Yes

Denied Reason denied: _____

Effective Date: _____ Financial Aid Recipient: No Yes

Authorized Signature: _____ Date: _____

Additional Comments:
