



Office of the University Registrar
1306 Stanford Drive, Room 1230
Coral Gables, FL 33146
Phone: 305-284-2294
Fax: 305-284-6293

MEDICAL CERTIFICATION FORM

Student's Name: _____ Student's ID#: _____

Term of Withdrawal (e.g. Spring 2021): _____

Instructions to HealthCare Provider

Your patient has requested to be withdrawn from their classes due to an exceptional medical circumstance. Please type your answers and complete all applicable areas. Please limit your response to the condition and the dates for which the student is seeking the withdrawal. In addition, please provide a statement explaining the general nature of the student's medical or mental health condition.

Please include your license number and signature on the last page.

Provider's Name: _____

Business Address: _____

Type of Practice/Medical Specialty: _____

Phone: _____ Fax: _____ Email: _____

1. What is the student's medical diagnosis? (DSM/ICD): _____

2. Expected time to recovery /Expected prognosis (if applicable): _____

3. Was the student hospitalized? _____ Dates of Admission: _____

4. Date(s) you treated the student for the condition: _____

5. Did you prescribe medication? _____

6. Did you refer the student to other health care provider(s) for evaluation or treatment? _____

If YES, please list the name(s) of the provider or type of provider: _____



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Please attach a written statement describing how the student's current symptoms affected his/her ability during the semester which he/she is appealing. Please write it on your professional letterhead.

Please email the completed form and written statement (on official letterhead) directly to the Office of the University Registrar, Attn: Enid Miguez, exm722@miami.edu. Please call 305-284-9430, if you have any questions. Please state why/how the medical condition prevented completion of student's coursework. The form and statement must be submitted by the provider. Submission by anyone other than the provider will not be accepted.

Provider Signature: _____

License#: _____

Date: _____