

EMERGENCY TUITION ADJUSTMENT REQUEST

*This form must be submitted within 45 days of the end of the term for which the adjustment is being requested. **Deadlines for submission are as follows:***

Fall Semester – January 31st

PLEASE PRINT CLEARLY

PHYSICIAN'S AFFIDAVIT of a MEDICAL EMERGENCY OR MEDICAL CONDITION

The following affidavit is for the purpose of establishing the eligibility of the above student to obtain an adjustment of the semester's tuition expenses.

2A. For the Medical Emergency or Medical Condition of the Student named above:

I certify that my patient (name) _____ has experienced a Medical Emergency or has been diagnosed with a Medical Condition which renders him/her unable to attend classes at Cleveland State University for the semester specified above.

2B. For the Medical Emergency or Medical Condition of the Above Named Student's Immediate Family:

I certify that my patient (name) _____ who is the _____ (relation to the student) has experienced a Medical Emergency or has been diagnosed with a Medical Condition and is, therefore, in need of continuous _____ services provided by _____