

**WEBER STATE UNIVERSITY**

Registrar's Office

SSC 101

(801) 626-6100 / Fax: (801) 626-6679

E-mail: academicpetitions@weber.edu

Academic Petition for Exception to University Policy**Medical/Clinical Verification Form**

STUDENT INFORMATION	
Name	Student ID: W
Course(s) to be canceled or withdrawn:	Semester and Year:
CRN Class	20____
_____	Summer <input type="checkbox"/> May - August
_____	Fall <input type="checkbox"/> August - December
_____	Spring <input type="checkbox"/> January - April
OR	
Check this box for a COMPLETE WITHDRAWAL : <input type="checkbox"/>	
I hereby permit the release of my medical records to Weber State University in order to provide information relevant to my request.	
STUDENT SIGNATURE: _____	
PHYSICIAN'S VERIFICATION: Please be specific about dates.	
Dates of office visits or hospitalization: _____	
Explanation of illness or injury: (A separate explanation on letterhead may be attached.)	
<u>How much schooling do you believe the student did or should miss because of this illness/injury?</u>	
Printed Name:	Contact Number:
Physician's Signature:	Date:
Submission Instructions:	
Please fax to: (801-626-6679) or WSU Registrar 1102 University Circle, Ogden UT 84408	