



Mount Mary University 2900 N Menomonee River Pkwy  
Milwaukee WI 53222  
Office # 414-930-3062 FAX # 414-930-3711

## MEDICAL DISCOUNT APPLICATION

(Students who are withdrawing from the University must also submit a Withdrawal Form.)

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### STATEMENT OF PHYSICIAN OR PRACTITIONER

Medical Facts Regarding Patient's Condition: \_\_\_\_\_

\_\_\_\_\_

Date condition commenced: \_\_\_\_\_ Probable duration of condition: \_\_\_\_\_

Last day attended school: \_\_\_\_\_ Date expected to return to school: \_\_\_\_\_

Is (or was) patient incapacitated (unable to attend school, or perform regular daily activities)? YES NO (circle one)

Please provide dates of incapacity: \_\_\_\_\_

If patient remains incapacitated, how long is incapacitation expected to last? \_\_\_\_\_

If the patient's condition is of a chronic nature, please describe likely frequency and duration of periods of incapacity:

\_\_\_\_\_

Regimen of treatment to be prescribed: Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is medically necessary for the patient to be off work or school on an intermittent basis or to work or attend school less than the student's normal schedule of hours per day or days per week

\_\_\_\_\_

By physician or practitioner: \_\_\_\_\_

By another provider of health services: \_\_\_\_\_

### PHYSICIAN OR PRACTITIONER INFORMATION

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ License No: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Field of Specialty \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS USE ONLY****Financial Aid** \_\_\_\_\_ **Registrar's Office** \_\_\_\_\_**Business Office** \_\_\_\_\_ **Date Sent** \_\_\_\_\_ **Date Received** \_\_\_\_\_**Medical Withdrawal Policy**

A student who has missed or anticipates missing two consecutive weeks of classes due to physical, mental, or emotional illness is eligible to pursue a medical withdrawal from the university. The student must contact the Registrar's Office to request permission for a medical withdrawal, and must provide satisfactory documentation from the treating physician. If the documentation is deemed inadequate, the student may be requested to provide additional documentation. If granted a medical withdrawal, the student will receive a grade of "W" at any point during the semester. Final approval of the withdrawal will be made by the Registrar in conference with the necessary university personnel.

If a student is approved for a medical withdrawal, the student may also be eligible for a medical withdrawal tuition credit. The student is requested to contact the Business Office and the Office of Financial Aid to determine how financial aid will be affected, and the actual credit for which the student will be entitled. The following guidelines will be used in determining the credit that the student may be entitled to receive:

**Tuition Credit Guideline****(Based on a 16-week semester; other terms will be prorated)**

WEEKS	0	through	1	100%	Credit (Tuition Only)
WEEKS	2	through	4	75%	Credit (Tuition Only)
WEEKS	5	through	8	50%	Credit (Tuition Only)
WEEKS	9	through	12	25%	Credit (Tuition Only)
WEEKS	13	through	16	0%	Credit (Tuition Only)

A medical withdrawal credit is a non-cash allowance, and will be determined based upon the specific financial aid situation of each student. If a student approved for a medical withdrawal credit has a current balance, any tuition credit will be applied to the current semester. If the account has a zero balance, the tuition credit is given for a subsequent semester. The tuition credit must be used within one year.

Tuition deposit, book charges, and fees are not eligible for a medical withdrawal credit.

**Reinstatement after a Medical Withdrawal**

A student who has taken a medical withdrawal may be required to provide a medical release in order to be reinstated as a student at Mount Mary University on a full or part-time basis.