This form is to be completed by the treating physician, other M.D., licensed mental health provider, or other licensed healthcare provider. Please address every question listed below by either writing a summary letter on letterhead or by completing this form (please print and write clearly if the form is completed). Signed letters or forms can be faxed or emailed to:

Academic Advising  
University of Denver  
303.871.3331 (fax)  
303.871.2455 (phone)  
advising@du.edu (email)

Please complete this form or address all of the following questions/issues in your documentation:

1. Name of the student/patient:

2. Please include the following information:
   a. Healthcare provider’s professional qualifications and licensure:
   b. Date the student first consulted the provider:
   c. Number of visits with the provider:
   d. Approximate date that the provider believes the symptoms first began:
   e. Diagnosis:
   f. Symptoms-Please explicitly state the functional impairments which inhibit the student from attending classes and/or completing coursework. For instance, simply stating the student is depressed does not support a Medical Leave of Absence.
   g. Treatment recommendations:

3. Any additional information the healthcare provider thinks will be helpful for the University to know.

Provider’s Signature_________________________________________ Date:___________________