

APPLICATION FOR GRADUATE STUDENT LEAVE Supplemental Medical Form



WASHINGTON STATE
UNIVERSITY

INSTRUCTIONS:

This form is required when requesting graduate student leave for medical reasons; **it must be submitted with the Application for Graduate Student Leave form when requesting medical leave.** The student must complete section one while their health care provider completes section two. **Please do not provide any medical information beyond what this form requests.**

Please contact the Graduate School at (509) 335-1446 or email us gradschool@wsu.edu if you have any questions.

SECTION ONE – To be completed by the student:

STUDENT NAME: _____

WSU ID: _____

SECTION TWO – To be completed by the student's health care provider:

It is my recommendation that _____ be allowed a medical leave
STUDENT'S FULL NAME

of absence beginning _____ and ending _____ .
MM/DD/YYYY MM/DD/YYYY

DATE MEDICAL CONDITION BEGAN: _____
MM/DD/YYYY – PLEASE INDICATE "UNKNOWN" IF APPROPRIATE

NAME AND ADDRESS OF HEALTHCARE PROVIDER: _____

HEALTH CARE PROVIDER – SIGNATURE AND DATE: _____

Please submit this completed form to:

Washington State University Graduate School
324 French Administration Building
PO Box 641030
Pullman, WA 99164-1030