

## Healthcare Provider's Letter in Support of Medical Withdrawal

Student/Patient Name: \_\_\_\_\_

Student/Patient Broome ID: \_\_\_\_\_

Major/Division: \_\_\_\_\_

Applicable Courses (i.e. ENG 101, MAT 101, ...) \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_

Practice/Company Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Please explain what prevented the patient/student from completing courses (e.g. surgery, severe injury, medical depression, specified illness, etc.).

Date of patient's/student's first visit/treatment **within respective semester**: \_\_\_\_\_

Date of patient's/student's last visit/treatment **within respective semester**: \_\_\_\_\_

I, \_\_\_\_\_, **recommend** and **support** that my patient,

\_\_\_\_\_, medically withdraw from SUNY Broome due to being unable to complete courses because of the aforementioned medical reasons.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider's License Number: \_\_\_\_\_

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**MUST BE SENT FROM HEALTHCARE PROVIDER'S OFFICE DIRECTLY**

**Cover page needs to include official letterhead**

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