

**Goldey-Beacom College**  
**Medical and Work-Related Tuition Credit Request**

For students who find it necessary to drop courses due to medical or work-related reasons, please be sure to review the tuition credit descriptions in the Medical and Work-Related Tuition Credit Policy to be certain that you may be eligible for a tuition credit. All medical and work-related tuition credits are non-refundable.

ID Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone Number \_\_\_\_\_

**Section One:**

Date spoke with professor to discuss if it was possible to make up the work and complete the course(s) without dropping. _____
Date the course(s) were academically dropped by the advisor. _____

**Section Two:**

<b><u>Reason for request (Circle One)</u></b>	<b><u>Documentation required</u></b>
Medical	Physician verifying that you were unable to attend
Required job transfer or change in hours	Letter of explanation and verification from employer

**Section Three:**

<b><u>Course Information</u></b>			
Semester:	Fall _____	Winter _____	Spring _____ Summer _____
Course Name	Instructor's name	Date last attended	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Section Four:**

<b><u>Description of reason for request</u></b>
Describe the circumstances for which it was necessary to drop the course(s) and the amount of class time missed due to the reason circled above.
_____
_____
_____
_____