UNIVERSITY OF WASHINGTON Tacoma

Former Quarter Drop/Tuition Forfeiture Healthcare Provider Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

A Former Quarter Drop (FQD) may be granted by UW Tacoma's Petitions Committee if a student is unable to complete or withdraw from their course(s) **because of extenuating circumstances beyond the student's control**. If the FQD petition is approved, the student's transcript record is altered, replacing the student's grade with an "RD" (Registrar Drop) grade. Students may also petition for a refund of tuition & registration fees owed as a result of FQD or Current Quarter Drop (CQD).

A licensed healthcare provider may complete this form as a supporting document to accompany a student's petition(s). Examples of licensed healthcare providers include mental health counselors (LMHC), social workers (LICSW), marriage and family therapists (LMFT), psychologists (Ph.D. or Psy.D.), nurses and nurse practitioners (RN or NP), physicians (MD or ND), and any other licensed health/mental health provider. Trainees may also complete this form if co-signed by a licensed provider.

Once the form has been completed, it should be returned to the patient to submit to the University of Washington or it can be emailed directly to UW Tacoma Office of the Registrar at uwtpetitions@uw.edu.

TO BE COMPLETED BY THE STUDENT:

Student Name (Last)	(First)	(Middle Initial)
UW Student ID Number	Email	
Petition Quarter Summer (June-Aug)Year_____ Autumn (Sept-Dec)/Year_____ Winter (Jan-Mar)/Year_____ Spring (Apr-June)/Year_____	Student Signture _____	

TO BE COMPLETED BY THE HEALTHCARE PROFESSIONAL:

Healthcare Provider Name	Credentials and Licensing Information
Healthcare Practice/Facility Name	
Address/Website	
Phone	Email

I support the above student's petition due to extenuating circumstances beyond the student's control that would have impacted student's ability during quarter indicated.   (check one):   ☐ Yes   ☐ No

Healthcare Provider Signature: _____ Date _____

Licensed Supervisor Printed Name and Credentials (if applicable): _____

Licensed Supervisor Signature (if applicable): _____