



Petition Support Documentation from Health Professional

Part I: to be completed by Student:

Full Name: _____ Student ID Number: _____

Contact Email: _____

Reason: Return from suspension Other/Petition

Part II: to be completed by a *Licensed Health Professional*.

Please Respond to All Questions

Please list your name and the health discipline wherein you are licensed:

Please indicate whether you have discussed the above named student's petition to WPI and whether you support this petition.

Please describe medical and/or psychological symptoms which, in the past, interfered with the student's academic functioning:

To the best of your knowledge, when was the onset of these symptoms? _____

Please describe treatment to address these symptoms:

Over what period of time did you meet with the student? _____

(over)

Has the above student completed treatment? **Yes** **No**

If not:

Are you continuing to provide treatment? **Yes** **No**

Please offer an opinion about the above student's readiness to return to WPI to resume studies:

Have you referred the student for ongoing treatment? **Yes** **No**

If yes, please indicate the name, address, and phone number of the individual or agency:

What are the ongoing care needs for this student?

Other comments:

Signature of Treating Professional

Date

Name of Treating Professional (please print or type)

Phone Number

Address of Treating Professional

Please remember to attach a brief statement of support for student petition on your office letterhead.
Return to: ***WPI Student Development and Counseling Center, 16 Einhorn St., Worcester, Ma. 01609.***
Secure fax # (508) 831-5139 Office phone # (508) 831-5540
All documentation will be held confidentially by WPI licensed health professionals.