



Northampton Community College

APPLICATION FOR TUITION CREDIT FOR MEDICAL REASONS

This form is to be completed by the student who is withdrawing from Northampton Community College due to a medical emergency. Note that the intent of this policy is to assist the student who is in a sudden medical emergency. Medical credit is granted for tuition and fees.

Only after the items below are completed will a decision be made by college staff. You will be notified by letter approximately 3 weeks after all items have been completed.

Complete the checklist below. Please initial each step after its completion.

- 1. Withdraw from all courses in which you are enrolled. You must complete a Course Withdrawal Form in the Records Office – Main Campus or Enrollment Office – Monroe Campus in the same semester for which you are requesting a Medical Tuition Credit.
2. Complete the information section and sign the form below.
3. Have your physician complete the attached form documenting your medical treatment.
4. Read and initial the following statement: I understand that the tuition credit for which I am applying may be used, if approved, toward tuition and fees upon return to Northampton Community College's credit program within ONE year of the semester in which I withdraw. I also understand that I will be notified by letter as to the last semester that this credit may be applied, that this credit is non-refundable & non-transferable, and that this credit will be cancelled if not used by the date specified.
5. Submit both this application form and the physician's documentation form to the Health & Wellness Center, Northampton Community College, 3835 Green Pond Rd., Bethlehem, PA 18020. Keep a copy of this form for your records.

Student's Name (Last) (First) (Middle)

Address (Street) (City) (State) (Zip)

Student ID# or Social Security Number (last 4 digits) (Phone Number)

From which semester are you withdrawing? Do you live in Campus Housing? Yes No

Date you submitted Course Withdrawal Form to the Records Office or Enrollment Office

Student Signature Date

FOR OFFICE USE ONLY

Approved/Denied by College Nurse Documented by Records Office

Documented by Financial Aid Office Documented by Bursar's Office

Last Semester to use credit Amount of Credit Number of Credits

Comments:



Northampton Community College

MEDICAL DOCUMENTATION FOR APPLICATION FOR TUITION CREDIT

STUDENT COMPLETES:

Student's Name (Last) (First) (Middle)

Address (Street) (City) (State) (Zip)

Student ID # or Social Security Number (last 4 digits) Phone Number

We understand that information about you and your health is personal and confidential. Any medical information submitted for the evaluation of your Application for Tuition Credit for Medical Reasons will be used by the College's Health and Wellness Center and appropriate College officials for this purpose only. These medical records will not be released to anyone without your express written permission, except where required by law.

Student Signature Date

PHYSICIAN COMPLETES:

To the Physician: Your patient has applied for a tuition credit due to a sudden medical emergency. Please complete the information below so that we can determine his/her eligibility for this credit.

Please advise the specifics of diagnosis and treatment plan. Was this patient hospitalized for this condition?

Blank lines for physician response

What is the length of time the patient has been under your care for this condition?

Please advise the reason why you feel this patient is unable to complete classes this semester.

Blank lines for physician response

Physician Name (please print) Phone Number

Address (Street) (City) (State) (Zip)

Physician Signature Date