



APPLICATION FOR TUITION CREDIT FOR MEDICAL REASONS

Per College Policy 4.02.2 * Tuition Credit for Medical Emergency A student who must withdraw from Northampton Community College due to a medical emergency (serious illness or injury), may apply for credit for tuition and fees paid. This credit, if granted, may be applied toward tuition charges (credit courses only) upon his/her return to the College, and this is not transferable or refundable. Tuition credit will not be granted more than once for the same medical condition. Medical tuition and fees credit must be used within a one (1) year period after the end of the semester the student has taken leave from the institution. Tuition credit will not be granted if a student received academic credit for courses in which he/she was enrolled. If a student received financial aid during the semester for which credit is approved, the student must use the tuition credit for a subsequent semester before establishing eligibility for financial aid.

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. **Keep a copy of this form for your records.**

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. 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. 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.

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 _____

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 and that this credit will be cancelled if not used by the date specified.

(handwritten signature only)
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:

Original – Health & Wellness Office

Copy – Student

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.

(handwritten signature only)

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?

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.

Physician Name (please print) Phone Number

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

Physician Signature Date