

Date

Student Name

Student ID

Student Email

This form must be completed and signed by a medical or clinical professional. Please return to the Office of Accessible Education at UMass Global by email at oe@umassglobal.edu

Student Diagnosis

Length of Diagnosis

Severity of Diagnosis

Duration of expected recovery period

Does diagnosis significantly limit a major life activity?

Is there a current treatment plan?

Provider Verification Form Continued

Please explain how diagnosis prevents student from performing the requirements of an academic program

List current medications, dosages, frequency, and potential side effects

Specify recommended accommodations to assist the student

Rationale for recommended accommodations

Certifying Medical Professional

Name

Phone number

License Number

Signature