Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed. In some appeal situations, the University may require additional information from you or your practitioner to decide whether or not to grant or confirm special consideration. PLEASE RETAIN COPY FOR THE PATIENT'S CHART. NOTE: Any cost for this certificate must be paid by the patient. Issued: 08SEP (Revised: 10DEC; 12JUN; 15JUN)

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