



Former Quarter Drop Healthcare Provider Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

A Former Quarter Drop (FQD) may be granted by the University of Washington registration teams if a student is unable to complete or withdraw from their course(s) **because of extenuating circumstances beyond the student's control**. If the FQD petition is approved, the student's transcript record is altered, replacing the student's grade with an "RD" (Registrar Drop) grade.

A licensed healthcare provider may complete this form as a supporting document to accompany a student's FQD petition. Examples of licensed healthcare providers include mental health counselors (LMHC), social workers (LICSW), marriage and family therapists (LMFT), psychologists (Ph.D. or Psy.D.), nurses and nurse practitioners (RN or NP), physicians (MD or ND), and any other licensed health/mental health provider. Trainees may also complete this form if co-signed by a licensed provider.

Once the form has been completed, it should be returned to the patient to submit to the University of Washington or it can be emailed directly to the campus indicated by the patient at the appropriate email address below.

UW Seattle: petition@uw.edu

UW Tacoma: uwtpetitions@uw.edu

UW Bothell: uwbreg@uw.edu

TO BE COMPLETED BY THE STUDENT:

Student Name (Last)	(First)	(Middle Initial)
UW Student ID Number	Email	
FQD Petition Quarter Summer (June-Aug)/Year _____ Autumn (Sept-Dec)/Year _____ Winter (Jan-Mar)/Year _____ Spring (Apr-June)/Year _____	Student's Campus <input type="checkbox"/> UW Seattle <input type="checkbox"/> UW Tacoma <input type="checkbox"/> UW Bothell	

TO BE COMPLETED BY THE HEALTHCARE PROFESSIONAL:

Healthcare Provider Name	Credentials and Licensing Information
Healthcare Practice/Facility Name	
Address/Website	
Phone	Email

I support the above student's petition for a former quarter drop (FQD) for the quarter(s) indicated above due to extenuating circumstances beyond the student's control (check one): Yes No

Healthcare Provider Signature: _____ Date _____

Licensed Supervisor Printed Name and Credentials (if applicable): _____

Licensed Supervisor Signature (if applicable): _____