



AN HONORS UNIVERSITY IN MARYLAND

## 2017-2018 SATISFACTORY ACADEMIC PROGRESS MEDICAL DOCUMENTATION FORM

Please print clearly—illegible documents cannot be processed

Student Name: \_\_\_\_\_ Campus ID: \_\_\_\_\_

I am requesting an appeal for the loss of Financial Aid eligibility for the following semester:

Fall 2017                       Spring 2018                       Summer 2018

This **form is required** if you are appealing for one of the following reasons (check one):

- Disabling illness or injury to you (student)
- Disabling illness or injury of an immediate family member who required your care
- Emotional or mental health issue that required you to receive professional care

I give permission for my healthcare provider to supply all information necessary to respond to the questions listed below.

\_\_\_\_\_  
Student/Patient Signature

\_\_\_\_\_  
Date

**All items in the section below must be completed in full by a licensed healthcare provider.**

1. Please provide the dates of the student's/family member's condition that prevented the student from attending school or completing class work.

From: \_\_\_\_\_ To: \_\_\_\_\_

2. Briefly describe the condition and how it prevented the student from attending school and/r completing class work. Use the back of this page is necessary.

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3. In your opinion, is the student able to return to school successfully at this time?

- YES: Recommended level of attendance:     Full-time (12 credits or more)                       Part-time (less them 12 credits)
- NO: You do not recommend attendance at this time
- Unable to determine at this time: The student/patient will be released on \_\_\_\_\_ (date).

Name/Address of healthcare professional: \_\_\_\_\_

**Please Print/Use Office Stamp**

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Date: \_\_\_\_\_