



2019-2020 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:

- checkbox Fall 2019 checkbox Spring 2020 checkbox Summer 2020

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

- checkbox Disabling illness or injury to you (student)
checkbox Disabling illness or injury of an immediate family member who required your care
checkbox 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.

Blank lines for describing the condition.

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

- checkbox YES: Recommended level of attendance: checkbox Full-time (12 credits or more) checkbox Part-time (less them 12 credits)
checkbox NO: You do not recommend attendance at this time
checkbox 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: \_\_\_\_\_