UMBC

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 ☐Spring ☐Summer

This ***form is helpful*** 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 if necessary.

_____

_____

_____

_____

_____

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:_____