

SATISFACTORY ACADEMIC PROGRESS MEDICAL DOCUMENTATION FORM

Please print clearly—illegible documents cannot be processed

Student Name: _____ TUID: _____

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

FALL _____ (semester/year) Spring _____ (semester/year)

This form may be used 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.

3. Treatment Plan Completed On-going

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

- YES: You recommend that student is able to return.
- NO: You do not recommend attendance at this time

Name/Address of healthcare professional (please print)

Signature: _____
Professional Title: _____

Phone: _____
Date: _____

Please submit this form with your Satisfactory Academic Appeal to Student Financial Services:
via the SFS Dashboard (temple.verifymyfafs.com).

*PLEASE DO NOT SUBMIT DETAILED MEDICAL DOCUMENTATION.