



SATISFACTORY ACADEMIC PROGRESS APPEAL– MEDICAL DOCUMENTATION

Student Name _____ Student ID _____
Last First Middle

Telephone (_____) _____ E-mail _____

Medical documentation supporting extenuating circumstances should be submitted for review with a Satisfactory Academic Progress Appeal. Physicians, counselors, and other medical professionals may submit a letter on letterhead for appeal documentation. Students can also request that medical professionals complete this form and fax, mail, or email this form *directly* to the Financial Aid Office. **THIS FORM MUST BE DIRECTLY SUBMITTED TO THE FINANCIAL AID OFFICE BY THE HEALTH CARE PROVIDER.**

PATIENT INFORMATION

Patient Name: _____

Patient’s relationship to the student: _____

Patient Release: I give my permission for the following information below to be provided to the UNCG Financial Aid Office:

Signature _____ Date _____

TO BE FILLED OUT BY HEALTH CARE PROVIDERS ONLY (ATTACH DOCUMENTATION AS NEEDED)

Please do not leave any information blank. Initial Appointment (Date): _____ Initial Diagnosis: _____

Follow-up appointments: _____

Was the patient admitted into the hospital? Yes No - If Yes, give dates: _____

Was the patient (if the student) advised not to work? Yes No - If Yes, give dates: _____

Was the patient (if the student) advised not to attend school? Yes No - If Yes give dates: _____

Could procedure(s) and/or hospitalization(s) have been scheduled at a later date and/or during times that would not have interfered with the student’s attendance of classes? Yes No _____

Is the student now able to return to school? With or without Restrictions? Please explain. Yes No _____

What impact did the diagnosis have on the student’s ability to work, attend class, and/or complete school work? _____

Additional Comments by Physician/Medical Professional: _____

HEALTHCARE PROVIDER SIGNATURE

Organization: _____ Phone Number: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Please sign and fax the completed form to the UNCG Financial Aid Office at (336) 334-3010. This form may also be mailed to the office at the address above. THIS FORM CANNOT BE SUBMITTED BY THE STUDENT. If you have any questions, please contact us directly at (336) 334-5702.