TEMPLE UNIVERSITY®
Student Financial Services

(SAPMD)

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:_____ Phone:_____

Professional Title:_____ Date:_____

Please submit this form with your Satisfactory Academic Appeal to: Student Financial Services
1801 N. Broad Street · Conwell Hall, Ground Floor· Philadelphia, PA 19122 or fax to 215-204-5897.
PLEASE DO NOT SUBMIT DETAILED MEDICAL DOCUMENTATION. We cannot accept emailed copies.