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 if 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:
via TUSafeSend to sfs@temple.edu

*PLEASE DO NOT SUBMIT DETAILED MEDICAL DOCUMENTATION.