SAPMED

Medical Documentation Support Form for Appeal for Reinstatement of Financial Aid

Student Name: _____ MU ID: 901-_____

STUDENT INFORMATION: For student to fill out prior to giving to healthcare provider.

Patient Name:_____

Are you the patient? _____ Yes; ____ No - If No, what is your relationship to the patient? _____

Patient Release: I give my permission for the following information to be provided to Marshall University and if necessary, for a representative from Student Financial Assistance to contact the health care provider who signs the form.

_____ _____

Signature Date

HEALTHCARE PROVIDER INFORMATION: To be filled out by healthcare provider only. Please do not leave any items blank

Initial appointment: _____ Initial diagnosis date: _____ Follow-up appointments:_____

Date Date Date(s)

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 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? ____Yes ____No

What impact did the diagnosis have on the student's ability to work, attend class, complete school work?

_____

_____

HEALTHCARE PROVIDER SIGNATURE AND AGREEMENT

By signing below, you are attesting that the patient was seeking and receiving the proper care and was following the proper protocol and medical provider's orders to not attend and/or participate in classes during the dates noted above. You may be contacted for additional information.

Organization: _____ Phone number: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Please sign and return the completed form to Marshall University Student Financial Aid – sfa@marshall.edu or FAX - 304-696-3242. Please contact us at 304-696-3162 if you have any questions.