

SAPA80/10/50

Staff Initials_____

SATISFACTORY ACADEMIC PROGRESS APPEAL: MEDICAL DOCUMENTATION FORM

Student "My Tri-C" ID numb	er: S			
Student LAST name (one lett	er or dash or space per box)	Student FIRST name		MI
am appealing to receive federal fin	nancial aid beginning with the	(academic term) of	(year).	
nis <i>form is required</i> if you are app	pealing for one of the following r	easons (check one):		
Disabling illness or injury	to you, the student			
Disabling illness or injury	of an immediate family member	who required your care		
Emotional or mental health	h issue that required you to receiv	ve professional care		
give permission for my health care	e provider to provide all informat	tion necessary to respond to	the questions below.	
JDENT SIGNATURE: DATE:				
<u>All items</u> in the section	n below must be completed	d <u>in full</u> by a <u>licensed l</u>	<u>nealth care professi</u>	<u>onal</u> :
Calendar dates of the student's co	ondition that prevented the studer	nt from attending school/con	npleting class work:	
	to	-		
In your opinion, is the student and YES: Indicate level of att		fully at this time? ull-time (12 or more credits)	part-time (11 credi	ts or fewe
	e. Student should come back for	a re-assessment by:	(enter calendar o	late).
Name and address of professiona PLEASE PRINT)	J:			
IGNATURE	PRO	FESSIONAL TITLE	DATE	
one Number				
EASTERN CAMPUS Student Services 1602 4250 Richmond Rd Highland Hills, OH 44122	METROPOLITAN CAMPUS Student Services 209 2900 Community College Ave Cleveland, OH 44115	WESTERN CAMPUS Student Services 224 11000 Pleasant Valley Rd Parma, OH 44130	WESTSHORE CAMPUS Enrollment Center 31001 Clemens Rd Westlake, Ohio 44145	5