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?

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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 by attaching this form to your SAP Appeal – Please contact us at 304-696-3162 or sfa@marshall.edu if you have any questions.