APPLFA/SP/SU Student ID:

FINANCIAL AID ACADEMIC PROGRESS MEDICAL DOCUMENTATION

Last Name:	First Name:

MEDICAL DOCUMENTATION IN SUPPORT OF APPEAL OF SUSPENSION OF FINANCIAL AID DUE TO FAILURE TO MEET THE STANDARDS OF ACADEMIC PROGRESS

INSTRUCTIONS: To be completed and signed by a licensed healthcare professional who diagnosed and treated the patient. Form must be sent directly from the healthcare professional to the Florida SouthWestern State College Financial Aid Office (please fax to 239-489-9127).

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

Is the above-named student the patient, parent, legal guardian, or spouse of the patient? ___Patient ___Parent ___Guardian ___Spouse

If guardian, please state relationship to patient: ____________________________________

INSTRUCTIONS FOR HEALTHCARE PROVIDER

Your patient (or patient's spouse, parent, or legal guardian) is a student at Florida SouthWestern State College who is applying for a financial reinstatement by appeal that may result in reinstatement of financial aid due to circumstances beyond the student's control. A qualifying circumstance is only for a medical emergency which resulted in the inability of the student to attend classes for an extended period of time.

All questions must be answered. If the form is incomplete or missing information, appeal may be denied for insufficient information. For assistance, contact the Florida SouthWestern State College Financial Aid Office at 239-489-9336.

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

Date of initial appointment:________________________ Date of initial diagnosis: ________________________

Dates of follow-up appointments: ____

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:_________________________________

Was the treatment/procedure medically necessary but not an emergency (that is, could procedure(s) have been scheduled at a later date and/or during times that would not have interfered with the student's studies and attendance of classes)? Yes No

Is the student now able to return to school? Yes No

What was the diagnosis, and what impact did it have on the student's ability to carry out his or her job responsibilities or school work? For pre-existing conditions, please describe the changes that occurred within the term which prevented attendance of classes.

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Was the patient following all recommended courses of treatment? ___Yes _No If no, please describe:

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HEALTHCARE PROVIDER'S 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 and that the student was in no way able to attend and/or participate in classes during the duration noted above. You may be contacted for additional information.

Signature____ Date____

Name____ Title____

Organization____ Phone number____

HEALTHCARE PROVIDER SUBMISSION INSTRUCTIONS

Please print, sign, and fax completed form to the Florida SouthWestern State College Office of Student Financial Aid (our fax number is 239-489-9127). Forms cannot be submitted by the student. (If you have any questions, please contact the Florida SouthWestern State College Financial Aid Office; our office number is 239- 489-9336).

Florida SouthWestern State College, an equal access institution, prohibits discrimination in its employment, programs and activities based on race, sex, gender identity, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran status. Questions pertaining to educational equity, equal access or equal opportunity should be addressed to the College's Title IX Coordinator/Equity Officer/504 Coordinator: Jana Sabo; Room S-213; 8099 College Parkway SW, Fort Myers, FL 33919; (239) 489-9051; Jana.sabo@fsw.edu. FSW on-line anonymous reporting www.fsw.edu/report. Inquiries/complaints can be filed with the Title IX Coordinator/Equity Officer on-line, in person, via mail, via email, or with the US Department of Education, Office of Civil Rights, Atlanta Office: 61 Forsyth St. SW Suite 19T70, Atlanta, GA 30303-8927. Rev. 02/2021