



Satisfactory Academic Progress - Medical Appeal Form

Student Name: _____ UIN: _____

If you did not meet Satisfactory Academic Progress (SAP) minimums due to medical reasons, you must complete and submit this form with your SAP Appeal. You must also provide supporting documentation such as medical bills, a letter from the attending physician or nurse, or insurance statements, etc.

Dates of Occurrence: _____

Description of condition requiring medical treatment:

Course of treatment and follow-up plans:

Explain how this condition(s) prevented you from successfully completing academic work at Texas A&M University. How has this condition changed so it will not recur?

By signing below, I am certifying the information provided above is true and correct.

Student Signature

Date

Satisfactory Academic Progress - Medical Diagnosis Form

Student Name: _____ **UIN:** _____

To Be Completed by Student

By signing below, I give permission for _____ of

 (Physician or Nurse)
 _____ to release information regarding my medical

 (Medical Facility)
 condition/history to Texas A&M University, Department of Student Financial Aid.

Student Signature

UIN

Date

To Be Completed by Attending Physician or Nurse

Patient Name: _____ Dates Seen: _____

Diagnosis:

Course of Treatment and Follow-up Plans:

Prognosis: Explain how this condition(s) prevented the student from completing academic work at Texas A&M University. How has this condition changed so it will not recur?

Signature

Title

Date