If your health prevented you from satisfying the criteria for maintaining your financial aid and/or scholarship, and you met with a medical or mental health professional, please have this form completed. Return it to our office with your petition. If you did not meet with a medical or mental health professional, please disregard this form.

I hereby authorize my medical, or mental health professional to complete this form as part of my petition process for financial aid and/or scholarships.

In my clinical opinion, the above student’s ability to successfully complete his/her coursework during _______________(please enter time frame, semester, etc.) was compromised due to health reasons.

Student’s Signature

Date Signed

Clinician’s Signature

Date Signed

Printed Name

Telephone No./Email Address