UNIVERSITY OF NEW MEXICO
OFFICE OF STUDENT FINANCIAL AID

ADDENDUM TO SCHOLARSHIP PETITION

Student's Name	UNM ID No.
E-mail Address	Telephone No.

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.

Student's Signature	Date Signed

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.

Clinician's Signature	Date Signed
Printed Name	Telephone No./Email Address