



Medical/Mental Health Form for Satisfactory Academic Progress Appeal

Financial Aid Office

Student Information:

Name: Student ID: Phone: Affected Semester:

"I authorize the release of any medical information necessary to process this petition".

Student Signature: Date:

Medical/Mental Health Information:

Printed Name of Medical/Mental Health Practitioner Full Address: Phone Number: Medical License Number: Medical Specialty: I am legally authorized to practice in the State of:

Dates you treated this student or their family member:

Was there a time period that the student was unable to attend class? If yes, please indicate dates:

In your opinion would student's medical or mental health condition have negatively impacted academic performance and the ability to pursue normal activities?

In your opinion, would it be medically necessary for the student to reduce his/her course load during the affected term?

In your opinion have student's medical issues been resolved enough to allow student to be able to return to Front Range Community College and successfully complete college level course work? If yes, please indicate as of what date:

Additional Comments:

Signature of Medical/Mental Health Practitioner: Date:

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