



# Medical Documentation Support Form

Name: \_\_\_\_\_ NMC Student ID: \_\_\_\_\_

Medical documentation in support of a NMC Refund Exception request and/or an appeal of financial aid suspension due to failure to meet the standards of academic progress (SAP) for financial aid.

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

Patient Name: \_\_\_\_\_

Are you the patient? \_\_\_ Yes; \_\_\_ No - If No, what is your relationship to the patient? \_\_\_\_\_

Patient Release: I give my permission for the following information to be provided to Northwestern Michigan College and if necessary, for a representative from Student Financial Services to contact the health care provider who signs the form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Initial appointment: \_\_\_\_\_ Initial diagnosis: \_\_\_\_\_ Follow-up appointments: \_\_\_\_\_  
Date Date Date(s)

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: \_\_\_\_\_

Could procedure(s) and/or hospitalization been scheduled at a later date and/or during times that would not have interfered with the student's attendance of classes? \_\_\_ Yes \_\_\_ No

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

What impact did the diagnosis have on the student's ability to work, attend class, complete school work?

\_\_\_\_\_  
\_\_\_\_\_

**HEALTHCARE PROVIDER 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 to not attend and/or participate in classes during the dates noted above. You may be contacted for additional information.

Organization: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and fax the completed form to Northwestern Michigan College Financial Aid Office, 231-995-1937. Forms cannot be submitted by the student. If you have any questions, please contact us at 231-995-1035.**

NMC does not discriminate based on any characteristic protected by law in its programs and activities.