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.