

Medical Addendum to Scholarship Petition

Student's Name	UNM ID No.
Telephone No.	Email Address

If your health or the health of a family member whose care you were responsible for 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
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A. Clinician Certification for Student	Semester: Fall 20_____ Spring
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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

B. Clinician Certification for Family Member's Care	Semester: Fall 20_____ Spring
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In my clinical observation, the above student's ability to successfully complete his/her coursework during _____ (please enter time frame, semester, etc.) was compromised due to the care provided to a family member.

Patients Name _____ Relationship to Student _____

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