

MEDICAL ADDENDUM FOR PETITION

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| | |
| 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. Submit this form with either section A or B completed.

Section A – To be completed by Student and Clinician, if medical care was sought

- ☐ 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.

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|---|----------------------------|
| Student Signature | Date Signed |
| Clinician Certification | |
| 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. | |
| This certifies that the above student has been under my professional care for: | |
| In my clinical opinion, the above student is cleared <u>to return</u> to school on _____ (enter date) | |
| Clinician Signature | Date Signed |
| Clinician Printed Name | Phone Number/Email Address |

Section B – To be completed by student only if they did not seek medical care

- ☐ I did not see a health care professional, however, I certify I am able to return to school on _____ please enter time frame, semester, etc). I also understand that I may not be granted another exception for this medical condition.

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|-------------------|-------------|
| Student Signature | Date Signed |
|-------------------|-------------|

The University of New Mexico is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information to alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.