

Satisfactory Academic Progress (SAP) Appeal Supporting Documentation Form

Student First Name: _____

Student Last Name: _____

Student Date of Birth (MM/DD/YYYY): _____

Purchase ID Number: _____

To be completed by the provider:

Provider's Name _____

Credentials: _____ License Number: _____ State: _____

Provider's Address: _____

Provider's Telephone Number: _____

Description of Services: _____

1. Date(s) of Service: _____

2. Is the above student still under your care?

Yes

No

3. Were the circumstances under which you saw the above student significant enough to cause the student to be absent from class?

Yes

No

a. If yes, how much time was missed as a result of the presenting issue: _____

4. Did the presenting issue impact the student's academic performance?

Yes

No

a. If yes, how: _____

b. Date student was/will be ready to return to college: _____

Relevant medical records are obtainable at your practice should student need to release them in future:

Yes

No

I certify that the information provided on this form is complete and accurate

Signature of provider: _____

Date: _____