



Medical Withdrawal Application

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|-----------------|--|-----------------|--|--------------------------------------|--|
| LAST NAME | | FIRST NAME | | M.I. | |
| | | | | | |
| ADDRESS | | | | SEMESTER | |
| | | | | | |
| PREFERRED EMAIL | | PREFERRED PHONE | | STUDENT I.D. NUMBER/SOC. SEC. NUMBER | |
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I have withdrawn from all registered courses stated below, and I am requesting a medical withdrawal status for _____ Semester.

Medical withdrawals are not approved for terms that have been completed. Partial medical withdrawals are not considered.

| DEPARTMENT | COURSE NUMBER | SECTION | COURSE NAME | CREDITS |
|------------|---------------|---------|-------------|---------|
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Medical Withdrawal Checklist:

Student must:

- Compose a personal, signed statement (medical withdrawals will be considered based only on the student’s own medical situation/s)
- Obtain Academic Advisor’s signature (see below)
- Provide written documentation, from a licensed healthcare professional, of a student’s significant healthcare issue. This must include:
 - Signed letter, on official letterhead, from a licensed healthcare provider (including - provider’s current License/Certifications # and list the state of issuance);
 - Letter should include the licensed healthcare provider’s assessment that the student has a medical issue that will prevent or detrimentally interfere with the student’s ability to continue studies at this time;
 - Letter should include the licensed healthcare provider’s assessment of the duration of leave anticipated before the student can be academically and personally ready to resume life at the University; AND
 - Letter ***must*** include a statement attesting that the healthcare provider is not a family member or personal friend of the student.

Completed materials should be submitted to the Senior Administrative Assistant to the Provost, located in St. Claire Hall 141.

**Please note that a submission of a medical withdrawal application does not guarantee approval.*

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|----------------------------|------------------|
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| Student Signature | Date |
| | |
| Academic Advisor Signature | Date |
| | |
| Provost Signature | Date of Approval |

Returning from a medical withdrawal is subject to the approval of the Office of the Provost in consult with the student’s academic advisor and Dean. When a student is interested in returning to the University following an approved medical withdrawal, the student should contact his/her advisor and submit a re-enrollment request ***at least one month in advance*** of the intended return date. Submission of a re-enrollment request does not guarantee approval. Please refer to the Medical Withdrawal Policy for details regarding the re-enrollment process.

- Original to Student Accounts
- Copy to Advisor
- Copy to Financial Aid
- Copy to Provost
- Copy to Registrar/Questys