

STUDENT MEDICAL WITHDRAWAL FORM

Use this form for a withdrawal from **ALL** courses for the **current** semester. Students must petition the Academic Regulations Appeals Committee for withdrawals from less than a full schedule.

Student Name _____
Last First Middle

Student ID Number _____

Major _____

Local Address _____
Street

_____ (____) _____ - _____
City State Zip Local Telephone Number

Permanent Address _____
Street

_____ City State Zip

INFORMATION ON WITHDRAWAL:

Name of Dean's Office staff person who received request: _____

Name of individual who made request: _____

If not the student, what is the relationship: _____

Effective (date when student became unable to attend classes): _____

Signature of Student Date

Dean's Office Signature Date

- A letter, written on letterhead of a health care professional, stating that it is medically necessary for the student to withdraw from **ALL CLASSES** for the **current** semester should accompany this form.
- After this form and documentation has been received, the Dean's Office will review the materials.
- Approved requests will be signed and sent to the Registrar's Office for processing.
- All withdrawn classes are notated by a grade of "W". Because of privacy, there is no distinction between a medical withdrawal and standard withdrawal.

