

## REQUEST FOR MEDICAL WITHDRAWAL FROM GRADUATE STUDY

(University policy pertaining to medical withdrawals can be found following this form.)

Name:	Student ID Number:
Address:	Email Address:
	Telephone:
	Degree Sought:
	Program of Study:

Semester and year of requested withdrawal:

Date of disablement:

Applicants for medical withdrawal are expected to attach to this form (1) a statement describing the medical condition which necessitates the withdrawal request and (2) supporting documentation obtained from a medical practitioner which attests to the medical condition. These confidential documents will be maintained by the University Health Center.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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University recommendation:

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By: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Action by Office of Graduate Studies:**

\_\_\_\_\_ Request Approved Effective \_\_\_\_\_ Request Denied

By: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_

If this box is checked, the student may only return to study at the University after receiving clearance from the University Health Center or the University Counseling Center. A "hold" will be placed preventing registration until clearance is granted.

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Distribution: University Health or Counseling Center (with attachments)  
Office of Student Financial Services  
International Student Services (if applicable)  
Student

File – Registrar’s Office  
Academic Department  
Office of Graduate Studies

## ***Medical Withdrawal Policy***

A graduate student, or where appropriate the student's legal guardian or authorized representative, may initiate the medical withdrawal process by presenting information about a disabling medical condition to the Office of Graduate Studies. A medical withdrawal process may additionally be initiated at the University Health Center, University Counseling Center, or the Office of the Vice President of Student Affairs.

Supporting medical documentation for a medical withdrawal will be transferred and stored in the student's medical record in the University Health Center or University Counseling Center, along with the documentation of the withdrawal. At the time of withdrawal the student will be informed in writing of the requirements for reentry.

Should the University officer reviewing the request for medical withdrawal have questions about the conditions or circumstances, the situation will be referred to the Health or Counseling Center for review by the appropriate licensed practitioner.

Medical withdrawals effective on or before the mid-semester point may qualify the student for tuition and fees adjustment for the term of withdrawal. However, under current federal regulations, students who receive federal aid and who withdraw prior to the end of the semester, regardless of the reason for the withdrawal, may have some of the aid on their account returned to the federal program, and they may immediately owe repayment of a significant portion of aid they have received for off-campus expenses.

Students seeking reentry after a medical withdrawal must provide documentation of the reason for withdrawal, treatment outcome, and their preparedness to return to the University. This documentation will be provided to the University Health or Counseling Center by the student, physician, or other licensed health care practitioner or facility. The University's Health or Counseling Center reserves the right to make an independent evaluation of a student's readiness to return to the University.