Student Request for Medical Withdrawal

Student's Full Name:_____ UNA L#: _____

Email Address:_____ Cell Phone: _____

	or Semester Requested: _____		Retroactive Medical Withdrawal for previous term or semester: Submission of all documentation is required, for the previous term or semester, within 60 days (in extraordinary circumstance an extension may be granted by the Provost or President of the University) of the end of the semester of request. If approved, the effective date of withdrawal will be the last day of classes for the semester/term in question. Term or Semester Requested: _____

Describe how or why the condition(s) has/have interfered with your academic performance. _____

_____

_____

When did your medical-related concerns begin? Describe how these concerns evolved. _____

_____

_____

What was the last date you attended any of your classes and/or submitted assignments? _____

Did you provide any medical documentation to your teachers for the semester or term in question? _____
If yes, please attach to this form.

Describe what campus-based resources you utilized for the term or semester in question to assist you in support of academic success (i.e., Student Counseling Services, University Success Center, Disability Support Services, University Health Services, etc.). _____

_____

_____

*Licensed Provider Recommendation for Medical Withdrawal form must accompany this form.

With my signature below, I attest to the accuracy of the information given and:

- I understand that the University Case Manager, Disability Support Services and/or University Health Services may contact my healthcare provider(s) and other campus resources to collect additional information and/or to share information related to my request for a medical withdrawal or potential return to campus. I give full permission and consent to any such contact and information sharing/collection.
- I understand I am responsible for providing the Licensed Provider Recommendation for Medical Withdrawal form to the licensed medical provider who has treated me. I further understand that, if I am requesting a retroactive withdrawal and I am intending to enroll or register in an upcoming semester or term, I must also submit the required paperwork, Licensed Provider Recommendation for Return to Campus (Medical Clearance).