

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 inte	erfered with your academic performance.		
When did your medical-related concerns begin? De	scribe how these concerns evolved.		
What was the last date you attended any of your cla	asses and/or submitted assignments?		
Did you provide any medical documentation to you If yes, please attach to this form.	r teachers for the semester or term in question?		
	d for the term or semester in question to assist you in support ces, University Success Center, Disability Support Services,		

*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).