



# Administrative Medical Withdrawal Request Form

N# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (S): \_\_\_\_\_

Student is a: Veteran \_\_\_\_\_ Is this your first semester of college? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Athlete \_\_\_\_\_ Have you been approved for a MW in the past? Yes \_\_\_\_\_ No \_\_\_\_\_  
 International \_\_\_\_\_ If so, when? Semester \_\_\_\_\_ Year \_\_\_\_\_  
 Are you registered with the DRC? Yes \_\_\_\_\_ No \_\_\_\_\_

Withdrawal Term: \_\_\_\_\_ Complete withdrawal: Yes \_\_\_ No \_\_\_ Last Date Attended Class (Required): \_\_\_\_\_

**\*If this is not a complete withdrawal you must submit a separate narrative explaining why some courses need to be withdrawn while others do not.**  
 Please include the grades you received for all classes and any relevant supporting documentation. If not a complete withdrawal, specify courses from which you are requesting a withdrawal:

CRN: \_\_\_\_\_ Course Name: \_\_\_\_\_ Instructor: \_\_\_\_\_ Last Date Attended Class: \_\_\_\_\_  
 CRN: \_\_\_\_\_ Course Name: \_\_\_\_\_ Instructor: \_\_\_\_\_ Last Date Attended Class: \_\_\_\_\_

Reason for Medical Withdrawal (check): Physical \_\_\_\_\_ Psychological \_\_\_\_\_

- The packet will be reviewed when all documentation has been submitted. Further documentation may be requested.
- You are advised to consult with One Stop Services and determine with them any financial consequence you may incur from having a medical withdrawal. For example, repaying Bight Future Scholarship funds or other scholarships.
- It is important to note that the Medical Withdrawal Form should normally be submitted within six months after the end of the term during which the medical event occurred. If you are submitting outside of that timeframe, please specify the reason for this delayed request.
- All documentation is subject to verification. Any submission of false documentation could result in a Student Conduct hearing.
- Pursuing a medical withdrawal may require the university to place a hold on your account for a minimum of one semester, restrict future enrollment and cancellation of enrollment for future semesters. A hold will be released, once the student has submitted medical documentation supporting their reenrollment petition.

**I have read and understand the medical withdrawal guidelines.** I give permission to the UNF representatives responsible for reviewing my request for a Medical Withdrawal to review the medical information I have provided in support of my request and bidirectional release of information between Student Health/Counseling Center and my medical provider.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Counseling/Student Health Recommendation: Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VP of Student Affairs or Designee: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

VP of Academic Affairs or Designee: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies fwd to: Fin Aid \_\_\_\_\_ Athletics \_\_\_\_\_ Enrollment Services Processing Office Use Only  
 VA \_\_\_\_\_ Housing \_\_\_\_\_ Processed by: \_\_\_\_\_  
 Approved: 03/15/15 International \_\_\_\_\_ Pending SAP Appeal \_\_\_\_\_ Date: \_\_\_\_\_  
 Medical Hold: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Name \_\_\_\_\_ N# \_\_\_\_\_



## UNF Administrative Medical Withdrawal Request Form

Please type your answers to the following questions in order for SHS/Counseling Center to review the impact of your medical situation on your academic performance in the semester/course(s) that you are petitioning.

**The content of your answers should place heavy emphasis on identifying:**

- \*\* A diagnosis and symptoms
  - \*\* The date of onset of the disorder/situation
  - \*\* Treatment types and dates received
  - \*\* Any hospitalization
  - \*\* The number of days/weeks of class missed
  - \*\* How your ability was impacted in trying to complete course work requirements
- 1) What did you experience that impacted you during the semester in questions? Please provide a medical diagnosis and symptoms if applicable.
  - 2) When did the presenting issues begin and how did they impact your academic performance?
  - 3) What type of assistance or intervention did you receive? Please include dates of attendance
  - 4) If you are petitioning for a partial withdrawal, the reason why for a partial withdrawal and explanation as to how you completed your other courses. Please comment on how the medical issue did not impact your other courses that semester.
  - 5) Explanation why you did not withdraw prior to withdrawal deadline during the semester once situation was recognized.
  - 6) If you are petitioning to withdraw from a previous semester, what prevented you from withdrawing before the end of the semester?
  - 7) Additional Comments:

**Please be advised that once the COMPLETED PACKET has been received, the Medical Withdrawal process could take up to 3 plus weeks. The procedure is as follows:**

- A Medical Withdrawal request is reviewed by a member of the Medical withdrawal committee for completeness.
- Director of Student Health will review the medical component and address any questions with the student or medical provider.
- It is then sent to the Office of the Vice President of Student and International Affairs for his review. If approved
- It is sent to the Vice President of Undergraduate Studies for review. If approved
- Records and Registration will be notified. They will make changes on the student's official record and notify the cashier's office to initiate a refund (if warranted).
- If denied, the medical withdrawal will be returned to Student Health Services and you will be notified.
- After the packet has been signed by all departments, Medical Withdrawal determination letters will be disbursed via email by staff in Student Health Services.
- This process could take two to three weeks.

Date: \_\_\_\_\_ Name \_\_\_\_\_ N# \_\_\_\_\_



## UNF Administrative Medical Withdrawal Request Form

### Academic information needed for a **partial medical** withdrawal request.

Students applying for a **partial medical** withdrawal will need to contact professors for each class they are requesting a Medical Withdrawal.

Dear Professor,

For medical reasons, one of your students has requested a **partial withdrawal** from your class.

#### **Filled out by student:**

Student's name: \_\_\_\_\_ N#: \_\_\_\_\_

Course: \_\_\_\_\_ Last day attended class: \_\_\_\_\_

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#### **Filled out by professor:**

Course: \_\_\_\_\_

Please provide the following information:

Confirm the student was registered for your class. Yes \_\_\_\_\_ NO \_\_\_\_\_

Confirm the last date attended. Date \_\_\_\_\_

Is the student eligible for an incomplete Yes \_\_\_\_\_ NO \_\_\_\_\_

Confirm your support for their request Yes \_\_\_\_\_ NO \_\_\_\_\_

Confirm the student's academic performance during the requested semester. Was it satisfactory \_\_\_\_\_  
unsatisfactory \_\_\_\_\_?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

Date: \_\_\_\_\_ Name \_\_\_\_\_ N# \_\_\_\_\_



## **UNF Administrative Medical Withdrawal Request Form**

Student: Medical documentation should be prepared on letterhead, typed, dated and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator, and information below regarding the reasons for the petition.

To Medical Professional/Provider:

In order to consider a student for a Medical Withdrawal, a signed letter on your letterhead is needed. Please address the following information in your letter:

1. Patient's full name and identification (DOB)
2. Diagnosis – severity of patient's symptoms
3. Presenting symptoms and severity/impact on his/her functioning (including his/her ability to function academically during the documented time) and the medical reason why the student could not finish the semester. This is one of the most important pieces of information and will assist us in making decisions to grant a medical withdrawal.
4. Any concerns/history regarding the patient's safety/well-being and whether he/she is a danger to him/herself or others.
5. Treatment plan
6. Dates of onset of symptoms
7. Dates of treatment
8. Prognosis, i.e. a recommendation, if appropriate, that the patient receive a medical withdrawal for a particular semester and/or the patient not return to school for a period of time.
9. Your recommendation for a medical withdrawal and for which semester (Fall, Spring or Summer) due to the patient's inability to function academically.

You may fax the letter to me directly at (904) 620-2901. Please feel free to give me a call at (904) 620-2175 if you have any questions. Thank you for your assistance.

Dr. Lisa Dynan-Dobbertien  
Chief of Staff, Student Health Services  
University of North Florida  
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1 UNF Drive  
Jacksonville, FL 32224-2645

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