



## Student-Initiated Medical Withdrawal Form: Adult Undergraduate, Graduate, and Doctoral Programs

A withdrawal for medical reasons is total or none; a student is not allowed to withdraw from some courses but not others (rare exceptions may be made by written appeal to the Associate Vice President of Student Success (AVPSS)). This completed form must accompany the appeal. The appeal process will be reviewed and the student will be notified via their Judson email of the partial withdrawal determination. Written medical documentation from a licensed physician/psychiatrist/other health care provider approved by the University is required (see Part II), and will be taken into consideration along with other factors/information in evaluating the requested withdrawal. Grades of "W" for "Withdrawal" are recorded on the official academic record if the medical withdrawal is granted; these grades are non-penalizing.

The student is responsible for tuition and other appropriate charges up to the day that the medical withdrawal paperwork is received by the appropriate university personnel as outlined in the University catalog's Tuition and Fees Refund Policy. However, in the event of a severe or life-threatening medical condition to the student or an immediate family member, the student may appeal in writing to the AVPSS for consideration above and beyond the normal refund policy. All appeals will be reviewed within 30 days of receipt and the student will be notified of the refund determination in writing.

The student cannot resume study in a subsequent term until a licensed physician/psychiatrist/other health care provider approved by the University provides written documentation that the student is "now healthy enough to resume University study." The student must reapply to the university in accordance to the University's readmission policy, as outlined in the University Catalog. Students may be required upon readmission to fulfill additional requirements with the university Wellness Center to ensure a health/wellness plan is in place.

It is the student's responsibility to contact Financial Aid and Student Accounts to discuss all financial obligations and concerns before and after the medical withdrawal.

Part I and II of this form must be completed and submitted to the AVPSS for review. Additional information may be requested after the original documentation is received. The final decision regarding the denial or approval of the medical withdrawal will be provided to the student via their Judson email and the University will contact all appropriate parties on campus to indicate the student has withdrawn.

### Part I – to be completed by student (please print)

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Cohort: \_\_\_\_\_

Program: Adult Undergraduate (check which one applies to you): \_\_\_\_\_ Liberal Arts \_\_\_\_\_ AA \_\_\_\_\_ BA | \_\_\_\_\_ Graduate \_\_\_\_\_ Doctoral

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Home #: ( ) \_\_\_\_\_ Student Cell #: ( ) \_\_\_\_\_

Term in which student requests to withdraw: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

I \_\_\_ plan/ \_\_\_ do not plan to enroll again at Judson University in the future. I understand if I do plan to enroll, I must contact an Enrollment Coach to complete an application for readmission in addition to submitting a licensed physician/psychiatrist/other health care provider's notice regarding my health as indicated above. I further understand that reapplying does not guarantee my readmission to the university.

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

Part II – to be completed by the Health Care Provider (please print)

**STATEMENT OF DISABILITY**

\_\_\_\_\_ (*Student Name*) is requesting a medical withdrawal from all courses at Judson University, Elgin and has authorized you to release information (see Part I of this form). A Statement of Disability must be completed by a licensed health care provider and submitted to the AVPSS for review. This form can be faxed to: 847.628.2046 Attn: AVP of Student Success.

Name of Health Care Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

1) Describe the serious illness or injury that is preventing the student from completing the term:

\_\_\_\_\_  
\_\_\_\_\_

2) Why is the illness/injury preventing the student from completing the term?

\_\_\_\_\_  
\_\_\_\_\_

3) When did the illness/injury occur?

\_\_\_\_\_  
\_\_\_\_\_

4) Dates of examination for the condition claimed as the basis for medical withdrawal:

\_\_\_\_\_

5) When do you believe the student will be well enough to resume his/her academic program?

Fall 20\_\_\_\_      Spring 20\_\_\_\_      Summer 20\_\_\_\_      \_\_\_\_\_ Unsure at this time

6) What treatment is the student undergoing?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License #: \_\_\_\_\_

*Office Use Only*

Approved \_\_\_/\_\_\_/\_\_\_    Denied \_\_\_/\_\_\_/\_\_\_    Notification sent to Judson student email account \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

Campus Notification provided \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_