



Student-Initiated Medical Withdrawal Form: Traditional Undergraduate Program

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 AVPSS or Director of Retention, 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 with the Office of Enrollment Management. Students may be required upon readmission to fulfill additional requirements with the 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. Resident students are expected to check out from their dorm room within 48 hours of the medical withdrawal approval. Appeals to this timeframe can be brought to the Vice President of Student Life. Students using Judson's Health Insurance will need to contact the Health Center regarding the medical withdrawal and how the withdrawal will affect their insurance coverage. All health documentation should be attached to the medical withdrawal form. This process affects international students' status, therefore international students must meet with the International Program Coordinator before or during the withdrawal process.

Part I and II of this form must be completed and submitted to the AVPSS or to the Director of Retention. 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 #: _____

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 the Office of Enrollment Management 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 before the requested medical withdrawal can be considered. This form can be faxed to: 847.628.2046 Attn: AVP of Student Success or to: 847.628.1007 Attn: Director of Retention.

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

AVP of Student Success: Approved ___/___/___ Denied ___/___/___ Notification sent to Judson student email account ___/___/___ by _____

Campus notification provided ___/___/___ by _____