



Appeal for MEDICAL Withdrawal

While a term is in progress, a student may request and be considered for a medical withdrawal from all courses in a term when extraordinary circumstances, such as a serious physical or mental illness or injury, prevent the student from continuing his or her classes after the mid-point of a term, and incompletes or other arrangements with the instructors are not feasible or possible. A medical withdrawal must be substantiated with appropriate documentation from the attending physician/health care provider.

PROCEDURE:

1. Complete and sign Part I.
2. Provide a written statement that outlines the nature of your request for a medical withdrawal and the reasons you believe your appeal merits approval.
3. Ask your physician or licensed health care provider to complete and sign Part II of this form. Authorize your physician/health care provider to release your medical information by signing the statement at the top of Part II.
4. Submit the completed form to Office of the Registrar, PH 216, **no later than the end of the term of the requested withdrawal.**

PART I - to be completed by student (please print)

Last Name: _____ First Name: _____ MI: _____

WKU Identification Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Enter Term of Requested Medical Withdrawal:

Fall Semester 20 _____ Spring Semester 20 _____ Summer Term 20 _____ Winter Term 20 _____

Please read carefully before signing below. I understand that:

- Part I and Part II of this form must be completed, in full, for the request to be accepted and considered.
- If approved, I will receive 'W' (withdrawal) grades for all enrolled courses, and instructors of the classes in which I am currently enrolled will be notified.
- I am not entitled to a refund of tuition and fees **if the appeal form is received after the published refund deadlines.**
- I understand that if I received financial assistance for this term, funds may need to be returned to the appropriate program based on this withdrawal. (If you did receive financial assistance during this term, it is strongly recommended that you consult with a financial aid counselor to discuss the financial consequences of the withdrawal.)
- Approval of this request may affect visa status for international students (check with the Office of International Student and Scholar Services, if applicable, before withdrawing).
- Falsification of information may lead to disciplinary action by the University.
- By signing Part II of this form, I authorize my physician/health care provider to release necessary information to the University related to this request. Furthermore, I understand that my physician/health care provider may be contacted for verification purposes.

Student Signature: _____

Date: _____

Office of the Registrar

Approved: _____ Date _____

**Appeal for MEDICAL Withdrawal
Physician's/Health Care Provider's Statement of Serious Illness or Injury**

A statement of illness or injury must be completed by a physician or licensed health care provider and submitted to the Office of the Registrar before the requested medical withdrawal can be considered. Permanent or temporary serious illness or injury is the only acceptable basis for a medical withdrawal.

I (student name) _____ am requesting a medical withdrawal from all courses in the _____ term at Western Kentucky University and am authorizing you to answer questions on this form.

Student Signature Date

PART II - to be completed by Physician or Health Care Provider (please print)

Name of Physician/Health Care Provider: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

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

3. When did this 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 return to WKU?

Physician Signature: _____ Date: _____

License #: _____