

# Medical Withdrawal Request Form

Office of the Registrar



UNIVERSITY OF  
ST. THOMAS

Students sometimes face unusual or extenuating medical circumstances that prevent them from completing their semester. To withdraw due to these circumstances, an official request for medical withdrawal must be submitted; students are not automatically withdrawn from courses due to medical reasons. ***The deadline to submit a medical withdrawal request is the last day of class as listed in the applicable semester's academic calendar.*** Late requests will not be accepted.

To complete a request for medical withdrawal, two documents are required:

1. Completion of this *Medical Withdrawal Request Form* by the student requesting a medical withdrawal from **ALL** classes.
2. Letter from a medical professional supporting the request for withdrawal. The letter from the medical professional should be on official letterhead and include the following:
  - a. Medical professional's name, title, phone number and address.
  - b. Date the medical professional saw the student and/or how long the student has been treated for the condition.
  - c. A clear summary of the diagnosis and how/why this condition is affecting the student's academic pursuits.
  - d. The anticipated length of time that the medical condition will inhibit the student from attending classes.

Please refer to the most current UST Catalog to determine the guidelines regarding possible refunds due to a medical withdrawal. Additionally, students should contact the Financial Aid office to determine possible impact to financial aid funds that have been received. The request for medical withdrawal is not dependent upon the refund process.

## Student Information

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Withdrawal Semester: \_\_\_\_\_

ID: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

## Student Acknowledgement

By signing the form below and completing the medical withdrawal process, the student acknowledges that they will be withdrawn from ALL courses in the semester in question and that a grade of W will be given for each course in which they have been withdrawn.

Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_