

Medical Withdrawal Appeal Form

Be sure to include or attach all relevant documentation of the extenuating circumstance that completely precluded the student from being able to function as a student (see below).

Name _____ Student ID# _____

Email _____ Phone _____

Semester appealing for: Fall Winterim Spring Summer Year _____

Financial Aid Recipient: Yes No

Check Reason for Appeal

- Medical:** A note from your physician or medical provider on their letterhead that clearly indicates the medical emergency during the timeline the student is stating for this appeal and confirmation of the diagnosis. In the case of pre-existing, recurring, or chronic health conditions, documentation must show that the recurrence or worsening of the condition(s) began after initiation of the term for which the withdrawal is requested. Excuse slips, copies of invoices, appointment confirmations, statements of insurance payments, etc. are not acceptable forms of documentation.
- Death of immediate family member:** Submit a death certificate, obituary or death notice for your family member (parent/guardian, child, spouse, or sibling). Documents must clearly indicate the relationship of the deceased to the student.

Attach a letter of explanation, citing your situation and the reasons why you feel tuition should be refunded (be specific). Include reasons you were unable to follow the usual refund/drop procedures, and attach the appropriate documentation needed to support the reason chosen above. **Please be sure documentation provides sufficient justification and addresses the extenuating and unexpected nature of the situation that completely precluded the student from being a student.**

By signing this Appeal, you acknowledge that you are responsible for withdrawing from your classes. Your signature also indicates that you have read all information pertaining to the Appeal procedures and requirements and that you understand that tuition and fees must be paid by respective due dates, regardless of appeals. Falsifying information on this appeal will result in immediate denial and may be grounds for disciplinary action.

Student Signature

Date

DO NOT WRITE BELOW THIS LINE

Committee Actions

- Tuition Adjustment Advised: _____%
(based on refund schedule)
- _____ grades approved
- Pending Additional Documentation
- Denial Advised

Notes: _____

Chancellor Actions

- Approves Committee Actions
- Denies Committee Actions

Signature _____

Date: _____