

PETITION FOR MEDICAL WITHDRAWAL

REGISTRAR'S OFFICE



STUDENT INFORMATION

_____ Last Name	_____ First Name	_____ Student ID Number
_____ Major/Minor		_____ Classification (Sr., Jr., So., Fr.)
Reason for Request: _____		

_____ Student's Signature	_____ Date
------------------------------	---------------

ADVISOR

_____ Advisor's Signature	_____ Date
------------------------------	---------------

COUNSELOR/ ADA COORDINATOR

_____ Counselor's Signature	_____ Date	_____ Approved	_____ Denied
--------------------------------	---------------	-------------------	-----------------

DEAN OF STUDENTS

_____ Dean of Students' Signature	_____ Date	_____ Approved	_____ Denied
--------------------------------------	---------------	-------------------	-----------------

VICE PRESIDENT OF ACADEMIC AFFAIRS (PROVOST)

_____ Provost's Signature	_____ Date	_____ Approved	_____ Denied
------------------------------	---------------	-------------------	-----------------

RETURN THIS FORM WITH DOCUMENTATION TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

_____ Date Entered	_____ By (initials)	_____ Notes
-----------------------	------------------------	----------------