

# 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

## ASSOCIATE VICE PRESIDENT OF ACADEMIC AFFAIRS

\_\_\_\_\_  
AVPAA's Signature Date Approved Denied

**RETURN THIS FORM WITH DOCUMENTATION TO THE REGISTRAR'S OFFICE**

## OFFICE USE ONLY

\_\_\_\_\_  
Date Entered By (initials) Notes