

**REQUEST FOR MEDICAL WITHDRAWAL**

This form is used by students wishing to either (1) withdraw from an individual course during the current semester of enrollment or (2) withdraw from all courses either during the current semester of enrollment or within six months after a semester has ended. Submit completed medical withdrawal request to the Dean of Students Office. Address: 11000 University Parkway, Building 21/Room 130, Pensacola, FL 32514; Email: [casemanagement@uwf.edu](mailto:casemanagement@uwf.edu); Fax: 850.857.6188

Daytime Phone Number: _____	UWF Email Address: _____	<input type="checkbox"/> All courses (check here) <input type="checkbox"/> Individual course(s), please list: _____ _____ _____ _____
UWF I.D. # _____		
Check if applicable: <input type="checkbox"/> VA benefits (last date of attendance required) _____ <input type="checkbox"/> International Student _____	<input type="checkbox"/> Intercollegiate athletics <input type="checkbox"/> Bright Futures recipient <input type="checkbox"/> Financial aid recipient	Semester/year you are withdrawing from: _____ / _____

**Documentation Requirements:**

1. Documentation received from students must be on letterhead from the health care provider. Documentation must include diagnosis, prognosis and recommendations.
2. Documentation should note the functional limitations if applicable
3. Hospital bills, medical records, insurance papers, and x-ray results **are not acceptable** forms of medical documentation.
4. Medical concerns of family members will not be considered as medical withdrawals (*please go to Withdrawal Policies and Procedures on the Registrar’s website at <https://uwf.edu/registrar>*).

**Financial Aid**

Students who receive financial aid benefits should contact the Office of Student Financial Aid, Building 18, or email them at [finaid@uwf.edu](mailto:finaid@uwf.edu); or by phone at 850.474.2400 before processing a medical withdrawal. *Medical withdrawals from classes can result in repayment of funds.*

**Veterans**

Students receiving veterans’ benefits should contact the Military and Veterans Resource Center, Building 38, Room 147 or email them at [mvrcc@uwf.edu](mailto:mvrcc@uwf.edu) or by phone at 850.474.2550.

**Guidelines**

- Requests for late medical withdrawals during the semester may be submitted for one or all courses.
- Once the semester has ended, medical withdrawals will only be considered for all classes taken during the semester.
- Requests for prior semester withdrawals must be submitted within six months of the end of the semester for which the withdrawal is being requested. *Contact the Dean of Students office if you have extenuating circumstances.*
- A refund of fees requires a separate appeal process but will generally not be considered for withdrawals after the semester has ended. The link to the fee appeal form is <http://uwf.edu/offices/financial-services/student-financial-services/fee-appeals/>.
- Requests for retroactive medical withdrawals will be limited to a maximum of two semesters per student.
- Requests must include a written statement from the student explaining the reason for the request.

Name Printed \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

University Medical Withdrawal Review Committee Final Decision:  Approve  Disapprove \_\_\_\_\_ Date

Dean of Students Office: Signature \_\_\_\_\_ Decision:  Approve  Disapprove \_\_\_\_\_ Date