Medical Withdrawal Request Form

Instructions: To request a medical withdrawal, please complete this form and return it to the Office of Student Affairs along with:

(1) A written personal statement that explains your medical condition and its impact on your academic performance. Please review the Medical Withdrawal policy for details to include in your statement.

(2) A letter from an impartial, licensed healthcare provider on clinic letterhead that confirms the medical condition and your relationship with the provider. Please review the Medical Withdrawal policy for details that the letter should address.

This form, your personal statement, and the letter should be submitted in 106 Canfield Administration Building or to studentaffairs@unl.edu. If you have questions please call 402-472-3755 to speak with a representative in student affairs.

Today’s Date: __________________________ Student’s Name: __________________________ Student ID: __________

Preferred Address: __________________________________________________________

Preferred Email: ____________________________________________ Preferred Telephone: __________________________

Do you live in University Housing? ☐ Yes ☐ No Are you an international student? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Term(s) from which you would like to be withdrawn:</th>
<th>Term you anticipate returning (choose only 1):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall, 20__</td>
<td>☐ Fall, 20__</td>
</tr>
<tr>
<td>☐ Spring, 20__</td>
<td>☐ Spring, 20__</td>
</tr>
<tr>
<td>☐ Summer, 20__</td>
<td>☐ Summer, 20__</td>
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<tr>
<td>Students who are not enrolled for three or more consecutive terms will need to re-apply for admission and meet the admission requirements at the time of re-application.</td>
<td>☐ Not sure</td>
</tr>
</tbody>
</table>

Have you stopped attending your classes as a result of your medical condition? ☐ Yes ☐ No

If yes, when was the last time you attended class? __________________________

Have you ever withdrawn from a course for medical reasons before? ☐ Yes ☐ No

Notice on Refunds: Students that withdraw from all classes are not guaranteed a refund of tuition and fees. Each withdrawal request is reviewed on a case-by-case basis and depend the student’s unique circumstances.

Notice on Financial Aid: Students that withdraw from all classes may need to return some portion of the financial aid they have received for the semester in which they withdraw. Receiving W’s may also affect a student’s financial aid eligibility as a result of not making satisfactory academic progress.

By signing and submitting this request, you certify that the information contained on this request form and attached to it is true and accurate. Students who provide false information to obtain a medical withdrawal may have the withdrawal cancelled or be referred to the Office of Student Conduct and Community Standards as an alleged violation of the Student Code of Conduct.

____________________________________________________   ______________________________
Student Signature                                          Date