Procedure for Withdrawal from Slippery Rock University

Medical Withdrawals are reserved for students with medical circumstances making it difficult or impossible for them to complete coursework during the semester in which they are enrolled.

**STUDENT INSTRUCTIONS:**
Students must meet in person or have a telephone interview with Karla Fonne, Office of the Associate Provost for Student Success before medical withdrawal paperwork can be processed. Please make an appointment with Karla Fonne by calling 724-738-2121.

Medical documentation will be required to qualify for a medical withdrawal. Medical documentation must be on official health care provider letterhead or prescription pad, and signed by a licensed health care provider. The content must include the following information: name of student seeking medical withdrawal, type of medical issue or condition, notation that the condition impairs the student’s ability to attend class, last date of attendance at Slippery Rock University, follow up treatment required. Medical documentation can be faxed to 724-738-4920 or mailed to: Ms. Karla Fonne, Slippery Rock University, 010 Patterson Hall, Slippery Rock, PA 16057.

**Important Information**

A Medical Withdrawal may impact your financial aid or status of your student account. Recalculation of financial aid will occur when any adjustment occurs with your tuition and fees. This could result in an amount due to the university. Please contact Financial Aid 724-738-2044 and Student Accounts 724-738-2088 for more information.

Students living on campus will need to move from their Residence Hall once their withdrawal is complete. Please contact Residence Life 724-738-2082.

Student transcripts will reflect at “W” for the coursework during the semester of the withdrawal.

Students who are medically withdrawn will not be able to access online student account information, student email accounts, on campus services, meal plans or the recreation facilities. Students will not be registered for the upcoming semester and will not be able to register until Medical Readmission has been completed.
MEDICAL WITHDRAWAL FORM
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA 16057

Complete all information in Sections I & II below before your appointment.

I. 

Last Name First M.I. Banner ID#

Street Address City State Zip Code

Home Phone Number: ________________________ Cell Phone Number: ________________________

Check Status: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Post-Bac ☐ Graduate ☐

MAJOR at time of withdrawal ________________________ Advisor’s Name ________________________

Do you plan to reapply to SRU? ________________________ If yes, when? ________________________

_________________________ Student’s Signature __________________________

*Withdrawal Date: Date of exit interview, or date of official notification.
(not necessarily last day of class attendance)

II. Please supply the following information:

Describe the condition for which you are withdrawing. ____________________________________________

__________________________________________________________

Name of licensed Health Care Provider you are currently seeing. ________________________________

Have you been seen at SRU Student Health services for the condition listed above?

_____ Yes, if yes when were you seen? ________________________

_____ No
Have you been seen at the SRU Counseling Center for the condition listed above?

_____ Yes, if yes when were you seen? ____________________
_____ No

Are you currently registered with Disability Services on campus?

_____ Yes, if yes when were you seen? ____________________
_____ No

Do you reside on or off campus?

_____ I live on campus. My room number and building is: ________________________________
_____ I live off campus.

Please read and sign:

I certify that the information given on this form is complete and correct to the best of my knowledge. Misrepresentation on this form and supporting documents may result in dismissal from Slippery Rock University.

_________________________________________  ______________________
Signature                                     Date

DEPARTMENTAL NOTES:

_______________________________________________

Office of the Associate Provost for Student Success  * Effective Withdrawal Date