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 Fonner, Director, Student Support, Office of the Associate Provost for Student Success before medical withdrawal paperwork can be processed. Please make an appointment with Karla Fonner 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 Fonner, 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Students who are medically withdrawn will not be able to access online student account information, student email accounts, on campus services, meal plans or the recreation facilities.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.
Please complete all information below before your appointment.

I. 

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Banner ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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?  
- [ ] Yes, if yes when? ___________________________

Email address where you can be reached: ______________________________________________________

Describe the condition for which you are withdrawing: __________________________________________

____________________________________________________________________________________

Name of licensed Health Care Provider you are currently seeing (a letter from this provider will be needed before the withdrawal can be complete): __________________________

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 of form completion

______________________________________________________________________________________

DEPARTMENTAL NOTES (not to be completed by the student):

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

08/17