Procedure for Medical Withdrawal from Slippery Rock University

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

**STUDENT INSTRUCTIONS:**
1. Please complete the SRU Medical Withdrawal Form (next page).
2. 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, and follow up treatment required.
3. Once you have both documents, please call the Office of the Associate Provost for Student Success at 724-738-2136 to set an appointment to meet with someone in Student Support. Please bring all materials with you to this meeting. If you are unable to meet with someone in person due to your medical condition, you may have this meeting over the phone and documentation can be emailed or faxed to our office. When you set up your meeting, please let the receptionist know that you would prefer to do a phone meeting and she/he will provide instructions for submitting paperwork.

**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 vacate 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Students who are medically withdrawn will not be able to access online student account information, student email accounts, on campus services, meal plans or the recreation facilities.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.

**Returning to SRU**
Students withdrawing for medical reasons will be required to complete the medical readmission process prior to return. The Medical Readmission Form can be found on the SRU website. Medical readmissions require: 1) a completed Medical Readmission Form, 2) a release from a licensed Health Care Provider indicating you are able to return to the University and carry a full credit course load. This release will also indicate if follow up treatment is necessary, and who will provide the care and service to you and 3) a personal readmission letter detailing your request for readmission addressing your desire to return to Slippery Rock University. Your letter should include details about your readiness to return to campus as well as your plan for staying on-track for future semesters at SRU.

Readmission forms should be completed and submitted one month prior to the start of a semester in order to allow for processing and class scheduling.
MEDICAL WITHDRAWAL FORM  
SLIPPERY ROCK UNIVERSITY  
Slippery Rock, PA  16057

Please complete all information below before your appointment.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Banner ID#</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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 is 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 Student Success Effective Withdrawal Date