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.

Medical Withdrawals may not be honored once the semester ends unless there are extenuating circumstances. Medical withdrawals for previous semesters will not be honored once a new semester has begun.

STUDENT INSTRUCTIONS:

1. Please complete a Care report indicating you need to speak with someone regarding withdrawing. Once we have your request, a case manager will reach out to you to schedule an appointment to discuss your withdrawal. 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. Care reports can be found here: https://sru-advocate.symplicity.com/care_report/
2. In order to withdraw medically, you will need to complete the SRU Medical Withdrawal Form (next page) and provide:
   a. Medical documentation 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. This documentation must come from an off campus service provider.

Important Information:
A Medical Withdrawal may impact your financial aid or status of your student account. Recalculation of financial aid will occur. 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. Additional eligibility issues may occur in the future should you decide to return.

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 a “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Students who are medically withdrawn will not be able to access online student account information, student email accounts, on campus services, meal plans or the recreation facilities.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 plan indicating your strategy 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.

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? ______________________________

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 is needed before the withdrawal can be complete). ______________________________

☐ I have been seen at SRU Student Health Services for the condition listed above.
☐ I have been seen at the SRU Counseling Center for the condition listed above.
☐ I am currently registered with Disability Services on campus.
☐ I live on campus. My room number and building is: ______________________________
☐ I am a student athlete.
☐ I am using Veterans benefits to pay for school.
☐ My success coach is: ______________________________

Please read and sign:

I have reviewed all important information on this form and I am aware of any potential impact to financial aid or living agreements. 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

01/20
DEPARTMENTAL NOTES (not to be completed by the student):

Student Support, Division of Student Life

Effective Withdrawal Date