Request for Medical/Compassionate Withdrawal

Student Name:_________________________________________________________________

Last        First        Middle

Student Number:__________________________       Fall        Spring       Summer_________ Year

1. Do you reside in university housing?  □ Yes  □ No
   If yes, contact the Department of University Housing and Residence Life for withdrawal procedures.

2. Do you receive Federal Financial Aid (including loans)?  □ Yes  □ No
   If yes, contact the Director of Student Financial Services before you make a final decision for a medical/compassionate withdrawal.

3. Did you receive a Scholarship?  □ Yes  □ No
   If yes, contact the Assistant Director, Scholarships and Veteran Affairs to determine if withdrawing will affect your scholarship.

Student Signature ___________________________________________ Date ______________________

The following is also required:

• Brief letter addressed to the Vice President for Student Affairs (VPSA) that explains your reason for withdrawal
• For medical withdrawal, letter from your health care provider that includes dates of illness and/or treatment and recommendation for withdrawal
• For compassionate withdrawal, applicable documentation that supports reason for withdrawal.

For more detailed information about medical/compassionate withdrawals, go to http://www.jsu.edu/studentaffairs/medicalwithdrawal.html

Documents should be submitted to the Office of the Vice President for Student Affairs, Bibb Graves Hall, room 102 or by fax to (256) 782-7888 or by email to hutchinson@jsu.edu.