

CALIFORNIA STATE UNIVERSITY, LONG BEACH
OFFICE OF ENROLLMENT SERVICES

**MEDICAL WITHDRAWAL REQUEST/
STATEMENT OF DISABILITY**

University Withdrawal Policy (Policy Statement 02-02) includes a provision for a student who becomes seriously ill or injured, or is hospitalized and hence unable to complete the academic term, to request a medical withdrawal. Refer to the *Schedule of Classes* for withdrawal procedures if your request does not meet this definition.

DEADLINES:

Refer to the appropriate *Schedule of Classes* or to www.csulb.edu/enrollment for specific deadline dates. Note: The deadline to request a medical withdrawal and refund of registration fees is earlier than the deadline to request a medical withdrawal only.

PROCEDURE:

1. Complete and sign Part I
2. Ask your licensed health care provider to complete and sign Part II (reverse side)
3. Submit the completed form to Enrollment Services, BH-101, as soon as possible but **no later than the end of the term of the requested withdrawal**. Requests submitted after the end of the term cannot be considered.

PART I - to be completed by student (please print)

Last Name: _____	First Name: _____	MI: _____		
Student Identification Number: _____				
Street Address: _____	City: _____	Zip: _____		
Telephone: Home () _____	Work or Message () _____			
Enter Year of Requested Medical Withdrawal:				
Fall 20 _____	Spring 20 _____	Summer Session 20 _____		
	I	II	III	Winter 20 _____
	circle appropriate session(s)			

Please read carefully before signing below:

I understand that:

- a) Both sides of this form must be completed, in full, and submitted by the appropriate deadline for my request to be considered
- b) Faxed or photocopied forms are not acceptable and will result in denial of my request
- c) I will receive 'W' (withdrawal) grades on my official record for all enrolled courses
- d) I am not entitled to a refund of applicable fees if the complete request is received after the published refund deadline
- e) I may have to repay all or part of any financial aid award received if I have received a financial aid check or if financial aid has been applied to my account (check with Financial Aid before withdrawing)
- f) Approval of this request may affect visa status for international students (check with the Center for International Education, if applicable, before withdrawing)
- g) Copies of this form may be provided to all appropriate campus offices
- h) Falsification of information may lead to disciplinary action by the University
- i) By signing this form, I authorize my health care provider to release necessary information to the University related to this request. Furthermore, I understand that my health care provider may be contacted for verification purposes.
- j) Instructors of the classes in which I am currently enrolled may be notified if this request is approved

Student Signature

Date

CALIFORNIA STATE UNIVERSITY, LONG BEACH
OFFICE OF ENROLLMENT SERVICES

PART II – to be completed by Health Care Provider (please print)

STATEMENT OF DISABILITY

Student Name

is requesting a medical withdrawal from all courses at California State University, Long Beach and has authorized you to release information (see reverse side of this form). A Statement of Disability must be completed by a licensed health care provider and submitted to Enrollment Services before the requested medical withdrawal can be considered.

Permanent or temporary disability is the *only* acceptable basis for a medical withdrawal. You may be contacted to verify information provided.

Name of Health Care Provider: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

1) Describe the serious illness or injury that is preventing the student from completing the term:

2) Why is this illness/injury preventing the student from completing the term?

3) When did this illness/injury occur?

4) Dates of examination for the condition claimed as the basis for medical withdrawal:

5) When do you believe the student will be well enough to resume his/her academic program?

6) What treatment is the student undergoing?

Signature: _____

Date: _____

License #: _____