

MEDICAL WITHDRAWAL PETITION
STATEMENT OF SERIOUS ILLNESS OR INJURY

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. If approved, the medical withdrawal is not subject to CSULB's Undergraduate Withdrawal Limit. This medical withdrawal request is only good for one academic semester. If it is necessary for a student to be out more than one semester, the student may be eligible for an Educational Leave. For specific details, please refer to www.csulb.edu/enrollment.

DEADLINES: For specific deadline dates refer to http://www.csulb.edu/depts/enrollment/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 physician or licensed health care provider to complete and sign Part II (reverse side)
3. Submit the completed form to Enrollment Services, BH-101, but no later than the end of the term of the requested withdrawal.

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

Name (Last, First, MI) _____

Student Identification Number _____

Address (Street, City, Zip) _____

Telephone: Home _____ Work/Cell _____

Enter Year of Requested Medical Withdrawal:

Fall 20 ____ Spring 20 ____ Summer Session 20 ____ 1 2 3 Winter 20 ____

Please read carefully before signing below:

I understand that:

- Both sides of this form must be completed, in full, in order for the request to be accepted and considered
Faxed or photocopied forms are not acceptable and will result in denial of my request
If approved, I will receive 'WE' (Medical Withdrawal) grades on my official record for all enrolled courses
I am not entitled to a refund of applicable fees if the complete request is received after the published refund deadlines
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)
Approval of this request may affect visa status for international students (check with the Center for International Education)
A request for medical withdrawal may not be appropriate if you are currently not enrolled for this semester. Refer to www.csulb.edu/enrollment for information regarding eligibility for an Educational Leave.
Copies of this form may be provided to all appropriate campus offices
Falsification of information may lead to disciplinary action by the University
Instructors of the classes in which I am currently enrolled may be notified (if this request is approved)
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.

Student Signature

Date

Enrollment Services Office

Grade Assignment:

[] WE Withdrawal for Extenuating Circumstances

Approved: _____ Date _____

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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 physician or licensed health care provider and submitted to Enrollment Services before the requested medical withdrawal can be considered. Permanent or temporary serious illness or injury is the *only* acceptable basis for a medical withdrawal. You may be contacted to verify information provided.

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

Name of Physician/Health Care Provider: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

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 treatments is the student currently undergoing?

Authorized Signature: _____ **License #:** _____

Date: _____