Request for Medical Withdrawal Student Procedures Checklist

Shippensburg University 1871 Old Main Drive Shippensburg, PA 17257

If you are requesting to withdraw from all classes, after the W date, for medical reasons, please complete these procedures. Also please note: you must make your request by the last assessment/examination of the current semester, and you cannot withdraw from classes selectively—for instance, based on anticipated grades. Depending on when you are making your request, you may not receive a refund of tuition and/or fees.

	Complete Part I of the form (on the next page).
	Obtain signature from a licensed healthcare professional, indicating that your condition prevents you from completing the academic semester. Make sure that all of requested information is included.
	Submit the completed form with signature(s) to your academic dean's office. (The academic dean's office will process withdrawal paperwork through the registrar's office, will notify all faculty members, and will place an academic dean's hold on your record).
	If you are a resident in University housing, go to the Residence Life Office (McLean 113) and notify them of your withdrawal. You will usually have 24 hours to move out of the residence hall.
	If you are a recipient of financial aid, you should contact the Financial Aid Office (Old Main 101) to discuss what impact your withdrawal will have on your current and future financial aid.
	If you are registered through Disability Services, you should contact the Office of Disability Services (Horton Hall 120).
When y	you are ready to return to Shippensburg:
	Complete Part II of the form (on the last page).
	Obtain documentation and signature from a licensed healthcare professional outside of the University, attesting to the fact that you are ready to return to the University. Make sure that all of the requested information is included.
	Submit the completed form with signature(s) to your academic dean's office. (If you were placed on Leave of Absence, the dean's office will process reinstatement paperwork and will remove the hold from your account. If you were not placed on Leave of Absence, you will need to apply for readmission through the Registrar's Office online at www.ship.edu/Registrar/)
	Contact your academic department and/or your advisor to make sure you are registered for classes for the next semester.
	Make housing arrangements or other arrangements related to your return back to the University.

All offices—Financial Aid, the Registrar's Office, etc., will be notified that you are a "readmitted student."

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Name		Date	
SUID		Major	
Student signature			
documentation from a li with necessary signature for all classes and that I must withdraw by the la	icensed healthcare professions. I understand that no with may not withdraw from class assessment/examinations.	nt semester, effective on the above do onal to my academic dean's office, ac thdrawals after the withdrawal date asses selectively, i.e., based on antici on of the current semester. At this po semester/y	companied by this form will be granted except pated grades. I also bint in time, I anticipate
	locumentation from a licen	nderstand that I must receive a cleara sed healthcare professional outside o	
I give my full consent to below.	allow my academic dean's o	office to contact the licensed healthca	are professional listed
(described briefly below		tion that makes it impossible to comp ocumentation including recommende	
Name, Title, State and Li	cense # of healthcare profe	essional recommending medical withd	rawal (Please print)
Signature	Email	Phone	Date
	DO NOT WRITE BELOV	N THIS LINE – OFFICIAL USE ONLY	
Approved (With A	cademic Dean's Hold) No	t Approved Leave of Absence:	Yes No
Comments			
Academic Dean/Associat	te Dean Signature	Date	

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Part II: Reinstatement Certification

I am requesting to return to S	Shippensburg University for the	sem	nester/year. I give my			
full consent to allow my academic dean's office to contact the licensed healthcare professional outside the University listed below.						
Student Signature		Date				
	cleared medically and has completed ttend Shippensburg University for the ion is attached.		•			
Comments or restrictions:						
Name, Title, State and Licens	e # of healthcare professional recomr	mending medical reinstate	ement (Please print)			
 Signature	Email	Phone	Date			
	DO NOT WRITE BELOW THIS LINE -	OFFICAL USE ONLY				
Approved to Return (Academic Dean's Hold Remo		Not Approved to Return				
Comments						
Academic Dean/Associate De	an Signature	Date				

Documentation must be appended to this form in order to effect the medical withdrawal or reinstatement.

A copy of the form, Part I, should go to the student. The original stays with the academic dean's office. Once a student comes back, s/he should take a copy to the healthcare professional to be cleared (Part II). Again, a copy is given to the student, and the original stays in the academic dean's office.