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 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.”
Request for Medical Withdrawal

Name _________________________________________ Date _________________________________
SUID __________________________________________ Major ________________________________

Student signature___________________________________________________________________________

I am requesting a medical withdrawal for the current semester, effective on the above date. I am supplying documentation from a licensed healthcare professional to my academic dean’s office, accompanied by this form with necessary signatures. I understand that no withdrawals after the withdrawal date will be granted except for all classes and that I may not withdraw from classes selectively, i.e., based on anticipated grades. I also must withdraw by the last assessment/examination of the current semester. At this point in time, I anticipate returning to Shippensburg University during the ______________________ semester/year.

Before I may return to Shippensburg University, I understand that I must receive a clearance, Part II of this form, along with appropriate documentation from a licensed healthcare professional outside of the University and submit it to my academic dean’s office.

I give my full consent to allow my academic dean’s office to contact the licensed healthcare professional listed below.

Part I: Medical Withdrawal Request (Completed by licensed professional)
I certify that the above student has a medical condition that makes it impossible to complete the current semester (described briefly below). I have attached further documentation including recommended actions to be completed by the student before being reinstated:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Name, Title, State and License # of healthcare professional recommending medical withdrawal (Please print)

___________________________________________________________________________________________
Signature    Email    Phone         Date

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Approved _____ (With Academic Dean’s Hold)   Not Approved _____   Leave of Absence: Yes _____   No ______

Comments __________________________________________________________________________________

___________________________________________________________________________________________

Academic Dean/Associate Dean Signature     Date

Revised for use beginning 2012-2013
Request for Medical Withdrawal

Shippensburg University
1871 Old Main Drive
Shippensburg, PA 17257

Part II: Reinstatement Certification

I am requesting to return to Shippensburg University for the ______________________ semester/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

The student above has been cleared medically and has completed recommended actions. I certify that the student is medically able to attend Shippensburg University for the _______________________ semester/year and appropriate documentation is attached.

Comments or restrictions:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Name, Title, State and License # of healthcare professional recommending medical reinstatement (Please print)

___________________________________________________________________________________________

Signature    Email    Phone         Date

DO NOT WRITE BELOW THIS LINE – OFFICAL USE ONLY

Approved to Return ______ (Academic Dean’s Hold Removed)        Not Approved to Return ______

Comments __________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Academic Dean/Associate Dean 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.

Revised for use beginning 2012-2013