

College of DuPage

REQUEST FOR MEDICAL WITHDRAWAL

Section 1: To be completed by student

Please attach a written statement to explain the circumstances of your withdrawal.

Date:		Term:	
Name:			
Phone #:		Social Security #	
Address:			
City		State:	Zip:
Course(s) to Withdraw	1.	2.	3.
Instructor Name			
Last Date Attended			

Section 2: To be completed only by a medical professional

1. The student is the patient who is medical unable to attend and/or participate in classes.

2. The student is acting as "Caregiver" to a family member with a medical condition which prevents him/her from attending and/or participating in classes. (Please skip to # 7.)

3. Description of Illness or Injury: _____

4. Date of Onset of Illness or Injury: _____
 (When did student become medically unable to attend and/or participate in classes)

5. If illness or injury is previous or ongoing, please provide time frame during the term in which student's medical condition worsened: _____

6. Student is medically unable to attend and/or participate in the following:

Physical Activity Courses (such as PE, Art, Music)

Science Courses (involving Lab component, i.e. Chemistry, Biology)

Classroom Courses (sitting/concentrating for long periods of time)

Independent Study Courses Internet Courses

7. Student is/was acting as "Caregiver" to _____, _____
name of patient relationship to student
 from _____ to _____ and was unable to attend/participate in courses.
Begin date End date

8. Comments: _____

Doctor's Office Stamp

If stamp is unavailable, please supply verification via letterhead or prescription paper.

Doctor's Signature **Date**

Medical Withdrawal

Students wishing to withdraw from courses due to medical reasons need to apply in writing to the Director of Admissions, Registration and Records, SRC 2048 (630-942-4284). Requests for Medical Withdrawals are not guaranteed. The decision to grant a Medical Withdrawal is based upon the information provided and applicable student records.

Please be advised that approval for a Medical Withdrawal does not guarantee a refund of tuition. If a refund is issued, you should receive it in approximately two to three weeks. If there is a balance due on the account, the refund amount will be credited to your account balance. Refunds are based upon the point during the term in which you became medically unable to attend/participate in courses.

How to Apply for a Medical Withdrawal

1. Provide a brief written statement requesting a medical withdrawal. Please provide a basic description of the medical illness/injury and the timeframe in which you became medically unable to attend/participate in classes. If you are withdrawing due to the medical condition of another person, please describe the relationship between you and the patient and the situation that necessitates withdrawal from courses.
2. Have the patient's doctor complete the attached form. This form is not valid without verification of the physician or medical institution. The doctor may use the box provided for their official office stamp. If a stamp is not available, please provide verification via office letterhead or prescription paper. Unverified Medical withdrawal requests received are deemed invalid and cannot be considered.
3. Return the completed form and written statement in a sealed envelope to the Registration Office, SRC-2048 or mail to the address below. Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations medical documentation cannot be received by fax.

Additional Information

- You will be notified of the decision by mail within two weeks after receipt of your written appeal. If a refund check is issued, you should receive it in approximately two to three weeks. If there is a balance due on your account, the refund amount will be credited to your account balance.
- **A refund cannot be considered when an instructor has given a grade.** Medical withdrawals cannot be granted when a passing grade has been received (A, B, C, D, S). If you have received a grade of "F" for the class in question it will first be determined if you can be withdrawn from the class in question, after the fact. You will then be considered for a refund.

Return completed form with written statement in a sealed envelope to the Registration office, SRC-2048 or mail to the address below. Due to HIPAA regulations medical documentation cannot be received by fax directly from your physician. Regulations do allow the student (patient) to fax medical documentation on their own. All documentation received is confidential.

Katherine Thompson
College of DuPage
Admissions, Registration & Records
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4284
630-790-3785 (fax)

(Over)

Copies: White - Registration; Yellow - Health & Special Services; Pink - Student