

COLLEGE OF DUPAGE

Student Registration Services-SSC 2221
425 Fawell Blvd
Glen Ellyn, IL 60137
Phone: (630) 942-2377

Rcvd. By: _____
Date: _____

REQUEST FOR MEDICAL WITHDRAWAL

GRACE PERIOD: Appeals will only be considered for 2 semesters prior to the current semester.

PART 1: To be completed by the student:

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

Date:		Semester:	
Name:			
Phone #:		Student ID #:	
Address:			
City:		State:	Zip:
Course(s) to Withdraw	1.	2.	3.

PART 2: To be completed *only* by a medical professional (select appropriate section):

Section A – Student is the patient

Semester of Appeal:

Fall (Aug-Dec) Year _____ Spring (Jan-May) Year _____ Summer (May-Aug) Year _____

Diagnosis of the severe medical condition that significantly impaired or affected the student’s class attendance or participation during the above listed semester: _____

When did the student become medically unable to attend and/or participate in classes during the above listed semester?

Start Date: _____ End Date: _____

Provide specific restrictions that impaired the student’s attendance/participation in the courses being appealed for the above listed semester: _____

Section B – Student is acting as “caregiver” to a family member with a medical condition that prevents him/her from attending and/or participating in course(s).

Semester of Appeal: Fall (Aug-Dec) Year _____ Spring (Jan-May) Year _____ Summer (May-Aug) Year _____

The student is/was acting as caregiver from _____ to _____ (start & end date)

Name of patient: _____ Relationship to student: _____

Diagnosis of the severe medical condition that significantly impaired the patient and affected the student’s class attendance or participation during the above listed semester: _____

Doctor’s Signature

Date

Office Phone Number

Please place office stamp here

If doctor’s stamp is unavailable, please supply written verification on letterhead or prescription paper.

How to Apply for a Medical Withdrawal

1. **Provide a typed statement with your signature describing the medical illness/injury and the time frame when you became medically unable to attend/participate in classes.** If you are withdrawing due to the medical condition of another person, cite the relationship between you and the patient and describe the situation that requires withdrawal from courses.
2. The **patient's** doctor must 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 written verification on office letterhead or prescription paper.** Unverified medical withdrawal requests will be deemed invalid and cannot be considered.
3. Return the completed form and typed statement in a sealed envelope to the Office of Student Registration Services, SSC2221, ATTN: Medical Appeals or mail to the address below.

Additional Information

- **Filing a medical appeal does not relieve your current obligation to College of DuPage.** You are responsible for all charges assessed on your account pending a decision on your appeal.
- **Submitting any medical appeal may affect your financial aid.** Contact a Financial Assistance Representative for information regarding the impact of your appeal on your financial aid.
- **Veteran and military personnel receiving educational benefits may receive a fiscal consequence to their aid for pursuing a medical withdrawal.** Contact the Office of Veteran Services for information regarding veteran and military personnel benefits.
- **An appeal cannot be considered when an instructor has given a passing grade.** Medical withdrawals cannot be granted when the grades (A,B,C,D,S,I) have been received. Courses that have received a grade of "F" or "W" will be reviewed. First it will be determined if you can be withdrawn from the class, then you will be considered for a refund.
- **Please be advised that approval for a medical withdrawal does not guarantee a refund of tuition.** Refunds are based on the point during the term when you became unable to attend/participate in courses and any official student records maintained by the college.
- You will be notified of the decision by mail within three weeks after receipt of your written appeal (allow extra time during peak periods). If a refund is issued, you should receive it in approximately 30 days. If there is a balance due on your account, the refund amount will be credited to your account balance.
- Appeals will only be considered for two semesters prior to the current semester. Students may not submit more than three medical appeals during their attendance at College of DuPage.

Medical documentation cannot be received by fax due to the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Only original documents should be submitted. No photocopies will be accepted.

All documentation received remains confidential.

Medical Appeals
Student Registration Services
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
(630) 942-2687

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