



**Student
Health Center**

**Campus Box 8311
Pocatello, Idaho
83209-8311**

Application for Medical Withdrawal from Idaho State University
(Withdrawal through Registrar or Student Services Offices required.)

Name _____
Address _____ City/State/Zip _____
Phone # _____ SS# _____
Major or Department _____ College _____

Semester for which medical withdrawal is requested: Fall/Spring/Summer _____
Year _____

Date you last attended class this semester. _____

I hereby petition for medical withdrawal from Idaho State University due to the illness or disability described below. I authorize the Medical Withdrawal Committee to review any medical records or other related documentation necessary to determine my eligibility for a medical withdrawal and/or refund.

I understand that if a medical withdrawal is granted I may be eligible for care at the Student Health Center subject to the conditions outlined in the extended care policy. (A copy of the extended care policy is available at the Student Health Center upon request.)

Signature _____ Date _____

Narrative Summary: (To be written by student requesting medical withdrawal.)
Use the space below to describe the circumstances requiring a medical withdrawal.
You may attach a separate sheet of paper if additional space is needed.

Please attach or send separately medical documentation (hospital summary, physician notes) or a letter from your physician or counselor. Address the letter to Dr. Jean Bokelmann, Chairperson of the Medical Withdrawal Committee. Be sure to keep copies of all documentation sent to us or have your physician send you a copy of any records sent to us. You may need this extra copy of documentation for Financial Aid or Financial Services appeals.