

Idaho State  
**UNIVERSITY**

Health Center

921 S. 8<sup>th</sup> Avenue, Stop 8311 Pocatello ID 83209-8311

**Application for Medical Withdrawal**

**For students seeking withdrawal from all classes due to personal medical issues.**

Name: \_\_\_\_\_ Bengal ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Major/Department: \_\_\_\_\_ Circle One: **Undergraduate** **Graduate**

Specific semester for which withdrawal is requested: Year \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

\_\_\_\_\_ Date you last attended classes for the withdrawal semester

You may withdraw from classes on your own before the "last day to withdraw" (see academic calendar). This will result in a W on your transcript.

If you stopped going to class before the "last day to withdraw" AND you did not withdraw from the class, please explain why you did not withdraw before the "last day to withdraw."

If this is a request for a retroactive withdrawal more than one month past the end of the semester in which you are requesting a withdrawal, please explain what prevented you from requesting the withdrawal within one month of the end of the semester:

\_\_\_\_\_ Date of withdrawal from all classes associated with this medical withdrawal

I hereby petition for a medical withdrawal from enrollment in all classes for the current semester at Idaho State University due to my personal illness. I authorize ISU representatives to review my medical records and other documentation as necessary to determine my eligibility for a medical withdrawal. I further authorize my medical provider to speak with the Director of University Health Services about any questions related to my personal illness. I understand that I must withdraw from all of my classes for the semester for which I am applying for a medical withdrawal. **I have discussed this withdrawal with my Academic Advisor and Financial Aid.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Documentation required:

- A. This form completed.
- B. A brief statement by you about your current circumstances. This is a paragraph outlining why you are seeking this withdrawal.
- C. Completed **Medical Provider Documentation for Medical Withdrawal** form faxed directly from your medical provider to University Health Services with a cover page from the provider's medical practice.

Keep a copy of A and B for your records.

Please submit this form A. and B. to:  
Medical Withdrawals  
ISU Health Center  
921 S. 8<sup>th</sup> Ave., Stop 8311  
Pocatello, ID 83209  
Phone: (208) 282-2330  
Fax: (208) 282-4036