Idaho State University
Dean of Students

Medical Withdrawal Provider Treatment Form

STUDENT SECTION:

I, _____, am requesting a medical withdrawal from all courses during
(Printed Student Name)

the _____ semester, due to my significant illness or medical condition. Idaho State
(Academic Semester- Example: Spring 2026)

University requires this form to be completed by my medical treatment provider for consideration for approval.

For the period for which I am requesting a withdrawal, Please provide the following documentation on this form or a separate letter on letterhead, and fax the form directly to the Dean of Students Office with a cover page from your medical practice. Documentation must indicate my treatment and/or medical condition occurred or impacted my abilities during the academic semester I am requesting the withdrawal for.

I give permission for my medical treatment provider to talk with the Office of the Dean of Students, about any questions they may have about the information contained herein.

Student Signature: _____ **Date:**_____

MEDICAL PROVIDER SECTION:
Please provide information on the nature of the medical condition in sufficient detail to justify a complete withdrawal for the student for the academic term listed above.

Dates of Treatment/Examination: **Diagnosis:**

_____ _____

_____ _____

Additional information helpful for us to determine approval status (for the academic term requested):

- A statement that you, as the treating medical provider, believe that the medical condition caused the student to be unable to participate in academic pursuits:
- Need for withdrawal from all classes and programs due to the medical reason(s) indicated:
- Date of onset of inability to perform academically:
- Expected duration of impairment:
- Anticipated date of ability to return to school and meet academic expectations:

Provider Signature: _____ **Date:**_____

Provider's Name Printed: _____

Telephone: _____

Fax this completed form with a cover sheet to the Office of the Dean of Students at (208) 282-3719.