

Official Medical Withdrawal

Name of Student (Last, First, Middle Initial)	Student ID#: A	Date:
---	----------------	-------

Address:	Semester/Year
----------	---------------

You Must Complete an Official Withdrawal from College Before Submitting this Form
<https://sunyorange.edu/registrar/forms.html>

When students must withdraw from the College or course(s) due to their personal medical condition, they must obtain written verification from the physician/ mental health professional and include all other required withdrawal forms. All such information given to the College is treated as confidential and privileged, as allowable by law. The student's request for a medical withdrawal should be submitted to WellnessCenter@sunyorange.edu before the end of the semester in which the condition occurs. The Director of the Wellness Center will decide on the request for a medical withdrawal and inform the Registrar of decision. The student has the right to appeal this decision to the VPAA using the academic grievance procedure.

Note that withdrawals approved for medical reasons do not generate an automatic refund of tuition, waiver of the physical education requirement.

All Federal Financial Aid recipients who withdraw or stop attending classes in the first 60% of the semester will have their Federal Financial Aid recalculated (see College Catalog).

This form must be accompanied by original documentation from your Health Care Provider/Mental Health Professional and should include the following information. 1. Date of onset of illness? 2. Dates of medical care? 3. General nature of medical condition/diagnosis? 4. Why/how it prevented the completion of coursework?

We encourage you to use your SUNY Orange email account as it is encrypted, if you choose to send confidential information via your personal email, we cannot guarantee the information is protected. Please submit all documentation to WellnessCenter@sunyorange.edu.

Drop Course						
CRN	Subject	Course	Section	Credits	Late Date Attended	Faculty Name

Student's Signature _____ Date _____

Office use Only		
Approved Date	Initials	WC
Denied Date	Initials	WC
Process Date	Initials	REG