

Name of Student	Student ID#:	Date:
Address:		

SEMESTER/YEAR: FALL_____ SPRING_____ SUMMER _____

<p>Official Withdrawal from a Course(s) because of a Medical Condition/ Mental Health Professional</p> <p>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 the Student Services Central before the end of the semester in which the condition occurs. The Director of the Wellness Center will make a decision 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.</p> <p>Note that withdrawals approved for medical reasons do not generate an automatic refund of tuition, waiver of the physical education requirement, or waiver of financial aid requirements. If approved for a medical withdrawal, the student must still fill out a Tuition Credit Application.</p>
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Course(s) to be Medically withdrawn from					
CRN	Course Subject	Course Number	Course Title	Section	Credits

This form must be accompanied by an original letter from your health care provider/Mental Health Professional, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your course work, date of your anticipated return to school, and the last date you were able to attend class. The original letter must be typed on your health care provider's letterhead stationery including Physician's name, mailing address, Medical License Number and submitted in a sealed envelope.

Please submit all documentation to Student Central Services in Middletown or Newburgh.

Students Signature _____

Date _____

OFFICE USE ONLY**	
Approved Date _____	_____ WC Initials
Denied Date _____	_____ WC Initials
Process Date _____	_____ REG Initials