



# Request for Medical Withdrawal

Revised: 5/8/2019

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**RCCC Email Address:** \_\_\_\_\_@student.rccc.edu **Phone #:** \_\_\_\_\_

**Semester:** \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer **Year:** \_\_\_\_\_

Students may request a medical withdrawal based on injury, illness, or psychological/psychiatric disorder. A medical withdrawal can be granted for all courses in the enrolled semester or individual courses. Students are allowed one medical withdrawal request per semester.

Students should submit a Request for Medical Withdrawal along with supporting medical documentation within 30 days of the last attended class, unless medical documentation supports a longer period. Should a longer period be necessary, a medical withdrawal request must be made prior to future enrollment. These requests must be submitted to an RCCC Disability Services Counselor who will review the request for consideration of a medical withdrawal.

Supporting Medical documentation from an appropriate licensed health care provider must include the following:

- The signature of the health care provider on the provider’s letterhead.
- A specific recommendation to withdraw due to a medical or mental health condition.
- A specific statement describing the limitation or impact that prevents or prevented completion of the term or semester.
- A statement indicating specific treatment dates corresponding with the enrolled semester or term the student is requesting the medical withdrawal.

If the Request for Medical Withdrawal is approved, the student will receive a grade of “W”. If a grade has already been recorded in the student’s permanent record, and the student was unable, due to unusual circumstances, to request a medical withdrawal prior to recording of a grade, the written request must specify the circumstances causing the delay. The request must be submitted for consideration, to the Director of Records & Registration before the last day of the following semester.

Tuition refunds will only be granted if a Request for Medical Withdrawal is made prior to the 10% of the semester as published in the College Academic Calendar.

### List all courses for which you are requesting a medical withdrawal for current term

Course Prefix <i>(Ex. ENG)</i>	Course Number <i>(Ex. 111)</i>	Section <i>(Ex. 01)</i>	Instructor’s Name	Last Date of Attendance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

___ Approved	RCCC Office of Accessibility Advisor: _____
___ Not Approved	Date: _____