



Medical Withdrawal

Purpose: Used when an [Undergraduate](#) or [Health Sciences Professional](#) student wishes to obtain an official medical withdrawal from Marquette University, for medical reasons as per the Medical Withdrawal policy.

Student Instructions:

- Complete Sections 1 & 2 of this form using a computer.
 - a handwritten form will not be accepted.**
 - an incomplete form, or a form without the required documents attached will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature is **not** acceptable.
- Obtain all other required signatures and attach the following documents:
 - your personal statement outlining the rationale for this request.
 - a licensed health care provider's statement, on letterhead, confirming the need for this withdrawal and the dates of the medical condition.
 - the [Medical Withdrawal-Healthcare Provider Release Information form](#) (to be used should university personnel need to speak to the health care provider).
- Submit the forms/documentation via one of the methods listed at the bottom of this form.
- The Medical Withdrawal Committee (MWC) will review the request and make a determination and notify the student and applicable university offices.

Note:

Students are encouraged to be familiar with the [Medical Withdrawal policy](#) and all of its consequences before taking this action, including the requirements to return after withdrawal.

Section 1: Student Information

Name _____ MUID _____
Last name, First name, Middle name

Former Name(s) _____ College _____
Last name, First name, Middle name

Mailing Address _____
street, city, state, zip code

Email _____ @marquette.edu

Section 2: Medical Withdrawal/Return Information

Year/Term of Withdrawal _____ Fall Spring Summer

The date you first sought medical services relating to this specific medical withdrawal request: _____

The last day you attended any class or participated in any class activity, such as D2L discussion, exam, etc.: _____

Year/Term of anticipated return to Marquette: _____ Fall Spring Summer I do not plan to return

Section 3: Required Signatures

Student or Designee: _____ Date _____

Student's College Office: _____ Date _____

Intercollegiate Athletics (*for NCAA Division I athletes*): _____ Date _____

MU Central: _____ Date _____