

Medical Withdrawal Request Form

North Carolina Wesleyan College

3400 N. Wesleyan Blvd.

Rocky Mount, NC 27804

Student Instructions:

1. Complete the form below
2. Attach a personal statement outlining the rationale for this request
3. Obtain and attach a licensed health care provider's statement, on letterhead, confirming the need for this withdrawal and the dates of the medical condition
4. Submit forms and documentations to the Registrar's Office (Braswell Administration)
5. The Academic Dean will review the request and make a determination and notify student and applicable offices.

Name

Last Name, First name, Middle name _____ ID _____

College Campus _____ Email _____

Mailing Address _____

Year/Term of Withdrawal _____ Date you sought medical services _____

Course No.	Course Title	Section	Instructor's name	Last Date of Attend*

Student's Signature _____ Date _____