

# Medical Withdrawal Request Form

North Carolina Wesleyan University

3400 N. Wesleyan Blvd.

Rocky Mount, NC 27804

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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 \_\_\_\_\_

University 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 \_\_\_\_\_