



Request for Medical Withdrawal

In accordance with the [Student-Initiated Withdrawals procedure](#), students may request a medical withdrawal from all curriculum (credit-bearing) courses if one or more of the following circumstances arises after the established withdrawal deadline for the applicable term:

- The student experiences an adverse medical event; and/or
- An individual for which the student has caretaker responsibilities experiences an adverse medical event.

Please review the procedure prior to completing the form.

Completed forms and supporting documentation must be submitted to Counseling, Accessibility, and Resources via email (counseling@durhamtech.edu), fax (919-686-3669), or in person (Phail Wynn, Jr. Student Services Center (Building 10), room 10-209). Incomplete submissions will not be accepted.

Student Information

Name		Telephone	
ID Number		Email	

Course Information

Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year:	
Course Prefix	Course No.	Section No.	Instructor Last Name	Last Date of Attendance

Student Checklist

Please review and complete the following checklist prior to submission to ensure that your form and supporting documentation meet all of the criterion listed.

- I am requesting:
 - A medical withdrawal based on my own adverse medical event.
 - A medical withdrawal based on an adverse medical event impacting an individual for whom I have caretaker responsibilities.
- I have provided all requested information in the Student Information and Course Information sections of this form.
- I have attached supporting medical documentation signed by a medical or mental health provider.
- The supporting medical documentation includes a specific recommendation from the medical or mental health provider for me to withdraw due to an adverse medical event impacting me and/or an individual for whom I have caretaker responsibilities.
- The supporting medical documentation verifies that the date(s) of the adverse medical event correspond(s) to the term for which I am requesting a medical withdrawal.



- The supporting medical documentation includes a request for withdrawal from all courses. If not, it indicates a specific rationale as to why the adverse medical event prevented me from completing some courses, but not others.
- Financial Aid (choose one):
 - I did not receive financial aid in the term for which I am requesting a medical withdrawal.
 - I have met with my Financial Aid Advisor, _____, and discussed how this request would affect my Satisfactory Academic Progress (SAP) and/or Return of Title IV Funds (R2T4).
- The date of my request is within one (1) calendar year of the date that the original grade was assigned.

Student Attestation and Signature

By signing below, I hereby attest that the information provided in support of this request is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact will result in the immediate denial of my request and will subject me to disciplinary action in accordance with the [Student Code of Conduct](#).

Student Signature _____ Date _____

Dean’s Decision

Based on my review of the student’s request and the supporting documentation submitted, my decision is as follows:

- Request Approved – Assign grade(s) of “W” for the course(s) listed above.
- Request Approved – Change the grade(s) for the course(s) listed above to “W”.
- Request Denied – Allow the earned grade(s) for the course(s) listed above to remain as reported by the instructor.

Dean, Student Development and Support _____ Date _____