

Medical Withdrawal Request Form

In the event a student is required to withdraw due to an ongoing medical condition, it is the responsibility of the student to provide original documentation from a physician. If applicable, a refund of tuition will be pro-rated to the last date of attendance. Students must notify Student Services with appropriate documentation within five working days of the last class day of attendance. Upon approval, Lively Technical College will initiate refund.

Documentation must accompany this form.

Purpose of a medical withdrawal:

The purpose of a medical withdrawal is to provide students time away from campus for the treatment of a physical or mental health condition that significantly impacts their ability to function safely or successfully as a member of our Lively community.

What constitutes necessary medical documentation:

Students must provide documentation from a treating healthcare provider attesting to and in support of the medical withdrawal. Medical documentation must be provided by a licensed healthcare professional who has appropriate and comprehensive training, relevant experience, and no personal relationship with the individual being evaluated.

Medical documentation should be prepared on letterhead, typed, dated, and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator.

The documentation must include the following:

- Statement of the medical/psychological condition and how this condition impacts the student's ability to complete their program of study
- Healthcare provider's recommendation for a medical withdrawal

A licensed health care provider may include a licensed medical (e.g., physician, nurse practitioner, physician's assistant) or mental health care provider (e.g., psychologist, counselor, social worker).

STUDENT SECTION	
Student Name:	Date:
Phone:	Student ID:
Address:	
Program of Enrollment:	Last Date of Attendance:
Personal Email:	Funding Source:
STUDENT'S SIGNATURE: _____ DATE: _____	

Please write a brief summary of the reason for your request for Medical Withdrawal.

Instructor Signature: _____ Date: _____

Student Services Director: _____ Date: _____

Financial Aid Representative: _____ Date: _____

Student request **approved** by Administration: _____ Date: _____

Student request **denied** by Administration: _____ Date: _____

Request for Refund (if approved) Initiated by: _____ Date: _____

Refund Completed by: _____ Date _____

Final Copies distributed to: (please initial)

Financial Aid _____ Date: _____ Student Accounts _____ Date: _____

Registration _____ Date: _____ Scanned to Focus Student File _____ Date: _____