Lively Technical College

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.**

STUDENT SECTION	
Student Name:	Date:
Phone:	Student ID:
Address:	
Program of Enrollment:	Last Date of Attendance:
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: _____