

Parkland College REQUEST FOR MEDICAL WITHDRAWAL

Definition: A medical withdrawal results in a W grade on the academic transcript and may be approved with a billing adjustment resulting in a full or partial refund of tuition and fees. W grades do not affect a student's grade point average. However, the attempt in the class(es) remains on record and may have financial aid implications.

Criteria for requesting a medical withdrawal from classes:

1. The request for medical withdrawal must be submitted with documentation from a health care provider (see specifications on back) to support the student's inability to complete classes due to health-related reasons.
2. The request is submitted no later than the end of the fall or spring semester following the medical event.
3. Students receiving financial aid are not eligible for a billing adjustment from the Business Office.

STUDENT INFORMATION *(please print clearly or type)*

Last name _____ First name _____

Student ID _____ Daytime phone (_____) _____

Street Address _____

City, State, Zip _____ Date of request submission: _____

REQUEST

I am requesting a withdrawal from the following classes on the basis of medical circumstances.

Course (Prefix, Number, Section) _____ Fall Spring Summer Year _____

Course (Prefix, Number, Section) _____

Course (Prefix, Number, Section) _____

Course (Prefix, Number, Section) _____

FINANCIAL AID *(Completion of this section by the financial aid office is required.)*

Student receives financial aid.

Student does not receive financial aid.

Financial aid implications if medical withdrawal request (no billing adjustment) is approved.

No implications Student will owe \$ _____ Other (explain below):

Financial aid advisor's signature: _____ **Date:** _____

RATIONALE *(attach supporting documentation)*

Medical withdrawal requests will be considered only with supporting documentation

Check here if supporting documentation is attached

REQUEST FOR BILLING ADJUSTMENT

This option is not available to students on financial aid

I wish to apply for a billing adjustment to receive refund (full or partial) of tuition and fees paid.

I do not wish to apply for a billing adjustment.

Student's signature _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Dean of Learning Support

Approved Denied Pending (see comments) Effective Date: _____

Signature _____ Date _____

Controller, Business Office

Approved Denied Pending (see comments) Effective Date: _____

Refund amount: _____

Signature _____ Date _____

Notification:

Student has been notified of decision by phone by email by letter

Signature _____ Date _____

What qualifies as documentation

1. Required: Letter written on company letterhead and signed by a physician, psychiatrist, physician's assistant, or nurse practitioner to support student's submission that he or she is unable to complete classes at Parkland College.
2. Additional supporting documentation, if available: Extended stay in health care facility; hospital discharge papers; emergency room documents; rehabilitative services and other support services.

Note: Prescriptions, emergency room and hospital discharge papers by themselves are insufficient.