

## Medical Withdrawal/ Course Load Reduction Documentation Form

### Student Information:

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Semester and Year for Medical Withdrawal/Course Load Reduction: \_\_\_\_\_  
\_\_\_\_\_

### Documentation:

*This following document must only be completed by a licensed doctor, other licensed medical provider (e.g., physician's assistant), or licensed mental health professional.*

Health Care Provider, Students who experience a significant and unforeseeable medical or mental health condition, comprising the student's ability to effectively participate in their educational program, may request a medical withdrawal (full withdrawal from classes) or course load reduction (partial withdrawal from classes) without unnecessary academic penalty. Your information below will be used by your patient to satisfy requirements for supporting documentation in favor of this request.

1. Diagnosis or Condition: \_\_\_\_\_  
\_\_\_\_\_

2. Date of Onset of the Condition: \_\_\_\_\_

3. Dates of Evaluation, Follow-ups, Treatment, and/or Hospitalization as applicable: \_\_\_\_\_  
\_\_\_\_\_

4. If this is a chronic illness, has there been a change in the patient's status/condition that has prompted changes in therapy/treatment recently? (Please circle your answer)

Yes

No

Not applicable

5. How has the Condition Impacted the Student's Ability to Complete their coursework  
in the specific Semester Requested:

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6. Recommended Accommodations Needed for a Subsequent Semester: \_\_\_\_\_

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Provider Name: \_\_\_\_\_

Signature: \_\_\_\_\_

License#: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Address of clinic/practice: \_\_\_\_\_

Date: \_\_\_\_\_

A letter on official letterhead addressing each of the above areas may be substituted for this form and emailed to [meddrop@uttyler.edu](mailto:meddrop@uttyler.edu)