

Application for Medical Withdrawal / Course Load Reduction

Submit via Patriot Email to: meddrop@uttyler.edu

For assistance with electronic submission, bring to The Student Counseling Center (UC 3170)

Printed Name: _____ Student ID: _____

University Email: _____ Phone: _____

Semester/Year for medical withdrawal/course load reduction: _____

Note: Medical withdrawals may only be granted for the current or previous 2 semesters- summer is counted as 1 semester. If the appeal is for an earlier semester, please submit your request to the Student Appeals Committee- uttyler.edu/registrar/policies/appeals

Previous Semester/Year received a withdrawal /course load reduction (if applicable): _____

Anticipated semester of reenrollment (if applicable): _____

Confirm type of action you are requesting:

- Medical withdrawal (withdraw from all courses)
- Course load reduction (partial withdrawal)

CURRENT SEMESTER WITHDRAWALS ONLY:

In which on-campus housing facility do you reside (if applicable)? _____

By checking the below boxes, you are confirming your agreement with these statements

- I have contacted my professor(s) regarding the possibility of an Incomplete
- I have consulted with all applicable offices to determine the effects of a withdrawal (Academic advising, housing, financial aid, veteran’s benefits, athletic eligibility, international student status, etc.)
- I understand that once I submit this form, no changes to my request can be made, including adding or subtracting courses to withdraw.

List the course(s) you wish to withdraw and the last day you attended each course.

COURSE (CHEM 1301)	LAST DATE OF ATTENDANCE

By my signature below I verify that I have read and understand all information provided by UT Tyler on the 2 pages of this document and that all information I have provided is accurate.

Signature: _____

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Required Documentation

Printed Name: _____ Student ID: _____

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Explanation Letter:

Please attach a detailed letter from you with an explanation of why you are requesting a medical withdrawal/course load reduction that includes the dates of when each problem started, and specifically how each problem affected your ability to complete the semester in question or directly impacts the class(es) you wish to drop.

To be completed by your Health Care Provider:

Licensed Health Care Provider (Medical or Mental Health Practitioner)

Health Care Provider, Students who experience a significant medical or mental health issue may qualify for a medical withdrawal (full withdrawal from classes) or course load reduction (partial withdrawal from classes). Your information below will be used by your patient to satisfy requirements for supporting documentation in favor of this request.

Medical Recommendation

This student is currently under my care or has recently been evaluated by me. This student has been diagnosed with a medical/mental health condition that has significantly impacted their ability to function in an academic setting. For the semester indicated, it is my recommendation that the student be granted:

- a medical withdrawal or
- course load reduction

Medical Condition: _____

Dates of Hospitalization/Treatment: _____

Provider Name: _____ Signature: _____

License#: _____ Phone: _____

Name/Address of clinic/practice: _____

Additional Information:

- The Medical Withdrawal Committee reserves the right to contact you for additional information.
- Applications submitted without appropriate documentation will be automatically denied.
- Course load reductions will require registration with the Student Accessibility and Resources (SAR) office. Medical withdrawals may require registration with SAR upon reenrollment.
- You will receive an email notification at your Patriots email regarding the Committee's decision.
- All drops/withdrawals granted by the Committee will result in "Q" grades for undergraduate students, which are 6-Drop Rule exempt.
- Graduate and pharmacy students receive "W" grades.
- **Note:** Requests for Refunds, Financial Aid appeals, and Grade Appeals are not handled via this form; please refer to the Financial Aid webpage for more information.