



**Office of the Dean of Students**  
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# MEDICAL WITHDRAWAL REQUEST

A Medical Withdrawal at Augusta University exists for the purpose of allowing students who have been diagnosed with a medical condition that has significantly impaired his/her performance within a given semester, to request to be withdrawn for that semester. A student who has an injury or illness that prevents the completion of **all\*** classes for that term/session may apply for a Medical Withdrawal.

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

Semester/Year: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Full Withdrawal: \_\_\_ Reason for Withdrawal: \_\_\_\_\_

AU Housing Resident: Yes \_\_\_ No \_\_\_

Receiving Financial Aid: Yes \_\_\_ No \_\_\_

Receiving Military Benefits: Yes \_\_\_ No \_\_\_

AU Athlete: Yes \_\_\_ No \_\_\_

COURSE

PROFESSOR

\_\_\_\_\_  
 \_\_\_\_\_  
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I give the Dean of Students Office permission to contact my professors to process a withdrawal from all courses. I understand that my medical documentation must be presented with this form and approved by the Medical Withdrawal Committee and that the grade of W, WA or WF will be assigned to my classes upon approval from the professor for each course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

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

Medical documentation presented: \_\_\_\_\_ Forwarded to Registrar: \_\_\_\_\_

Describe how and why the condition(s) has/have interfered with your academic performance

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When did your medical-related concerns begin? Describe how these concerns evolved.

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Describe what campus-based resources you utilized for the term or semester in question to assist you in support of academic success (i.e. Student Counseling and Psychological Services, Academic Success Center, Testing and Disability Services, Dean of Students office, Student Support and Advocacy, Advisement, Academic Advisement, etc)

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With my signature on previous page, I attest to accuracy of the information give and:

- I understand that the Dean of Students Office may contact my healthcare provider and other campus resources to collect additional information and and/or share information related to my request for a medical withdrawal or potential return to campus. I give full permission and consent to any such contact and information sharing/collection.
- I understand I am responsible for providing the form for medical documentation to the licensed medical provider who has treated me. I further understand that if I intend to be enrolled or registered in an upcoming semester, I must also submit the required paperwork seeking a return to campus. I understand that it is my responsibility to confirm that the additional required documentation is delivered to the Dean of Students office.
- I acknowledge that, if I have questions regarding the financial implication of withdrawal, I will contact Financial Aid at prior to the submission of this paperwork.
- I understand that if my medical withdrawal request is approved and processed, I may owe a balance to the University. Furthermore, I understand that if I fail to pay an unpaid balance on my student account, I will be personally responsible for and agree to pay, all costs and fees.
- I understand that if I am registered for a future semester and I fail to provide appropriate medical documentation as specified in the University's Adding, Dropping and Withdrawal from courses policy clearing me to return, my future class schedule will be canceled approximately a week prior to the beginning of the semester.
- I understand the purpose of this policy is to provide academic relief to the student only, not financial relief.