



## REQUEST FOR MEDICAL WITHDRAW FROM SCHOOL

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In accordance with the student withdrawal procedure, students may request a medical withdrawal from all curricula (credit-bearing) courses pending one or more of the following circumstances arises after the established withdrawal deadline for the applicable term:

- The student experiences an adverse medical event; and/or
- An individual for which the student has caretaker responsibilities experiences an adverse medical event.

Please review the procedure prior to completing this form. The completed forms and supporting documentation must be submitted to the Dean of Students in Student Services in person (Room 032, B2000) or via e-mail to [DeanofStudents@bridgevalley.edu](mailto:DeanofStudents@bridgevalley.edu).

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Address:** \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City State Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Semester of Withdrawal:** \_\_\_\_\_

### Student Checklist

I am requesting:

- A medical withdrawal based on my own adverse medical event.
- A medical withdrawal based on an adverse medical event impacting an individual for whom I have caretaker responsibilities.
- I have provided all the requested information in the student sections of this form.
- I have attached supporting medical documentation signed by a medical or mental health provider.
- You must submit your BridgeValley Community and Technical College student ID with this form.
- The supporting medical documentation includes a specific recommendation from the medical or mental health provider for me to withdraw due to an adverse medical event impacting me and/or an individual for whom I have caretaker responsibilities.
- The supporting medical documentation verifies that the date(s) of the adverse medical event corresponds to the term for which I am requesting the medical withdrawal.

**Dean's Decision**

Based on my review of the student's request and the supporting documentation submitted, my decision is as follows:

- The request is Approved – Please assign grade(s) of “W”.
- The request is Approved – Please change the grade(s) to “W”.
- The request is Denied – Allow the earned grade(s) for the courses listed above to remain as reported by the instructor/professor.

Reason for Denial:

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**Student Signature:** \_\_\_\_\_

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

**Academic Advisor:** \_\_\_\_\_

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

**Veteran Advisor Signature:** \_\_\_\_\_

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

**Cashier:** \_\_\_\_\_

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

**Financial Aid:** \_\_\_\_\_

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

**For Office Use:**

**Dean of Students:** \_\_\_\_\_

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

**Registrar:** \_\_\_\_\_

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

**Effective Date:** \_\_\_\_\_