

Application for Medical Withdrawal

Students should follow standard withdrawal procedures by completing an Add/Drop form when possible. Students may then apply for a Medical Withdrawal as soon as possible, but no later than 30 days after the end of the semester in which the medical issue occurred.

Student Name _____ Broome ID# _____

I am requesting a (full/partial) Medical Withdrawal for the _____ semester effective _____ (date).

I have attached original documentation signed by a licensed medical or clinical professional on letterhead that states why I was unable to complete the semester and includes the following **seven** points. The documentation is kept in a confidential file.

1. Student's name
2. What prevented course completion? (e.g. surgery, severe injury, medical depression, specified illness).
3. Date of first visit/treatment during the semester of requested withdrawal
4. Period of treatment during the semester the withdrawal is requested
5. If not a complete withdrawal of all courses, identify how circumstances prevented completion of specific identified course(s).
6. Recommendation for withdrawal for medical reasons.
7. Original document with signature and license number of healthcare professional on official letterhead or physician's prescription with contact information, mailed or delivered to the Divisional Dean's office.

If this request is approved, it is understood that:

- A. A "Medical Withdrawal" notation will be placed on the student's official transcript. All withdrawn coursework will remain on the student's transcript with the notation "W".
- B. Students who withdraw from all classes must reapply for admission through the Admissions Office to return to the College as a matriculated student.
- C. Medical withdrawal has no effect on the student's refund eligibility or financial obligations to the College. (See [SUNY Broome Refund regulations](#)) Students who withdraw for medical reasons must satisfy any outstanding financial or other obligations with the College.
- D. Granting of a Medical Withdrawal does not guarantee an override of academic dismissal status or financial aid eligibility.

 Student's Signature

 Date

Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
_____ Dean or Dean's Designee Signature	_____ Date

REGISTRAR'S USE: Entered in Student Record _____
