



Medical Withdrawal Petition Form

Student's First & Last Name:	UPSID:
University email address:	
<i>Correspondence about this process, including notice of the results, will be communicated via university email.</i>	
Telephone Number(s):	

By submitting this form, I am seeking to withdraw registration in all of my current courses as of today's date: _____, and I am requesting "W" grades for my current courses under the provisions of the Medical Withdrawal Policy.

I understand that after the 12th week of the semester, "W" grades are only obtainable through approval of a medical withdrawal.

In order for my petition to be complete, I must:

1. Submit this form to the Office of the Dean of Students.
2. Submit my Medical Withdrawal Personal Statement form to the Director of Counseling, Health, and Wellness Services.

I understand that my petition will not be considered until all materials are provided. I further authorize the Assistant Dean of Students and the Director of Counseling, Health, and Wellness Services to communicate with relevant university committees and offices about my petition as needed, including the result of my petition.

Student's Signature	Date:
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Questions about this process can be directed to the Office of the Dean of Students, WSC 208, 253.879.3360.



Medical Withdrawal Personal Statement Form

To maintain your privacy, please submit this completed form to the Director of Counseling, Health, and Wellness Services (CHWS) via:

- In-person at Wheelock Student Center 216
- Confidential Fax: 253.879.3766
- Confidential Email: chws@pugetsound.edu, or
- Mail: 1500 N. Warner CMB 1035 / Tacoma, WA 98416

If more space is needed, you may attach your numbered answers in a separate document.

Student's First & Last Name:	UPSID:
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1. Please describe how your current health challenges are impacting your ability to complete your courses (i.e. attend classes and submit satisfactory work).

2. How do you plan to address the significant medical issues you are currently experiencing?

3. How will this leave assist you in successfully completing your academic goals?

As part of their review, the Director of CHWS may discuss your petition with you and/or your health care provider as needed. They may also require further documentation from your provider.

Please provide the name and contact information for the health or mental health care provider who can speak to your need for a medical withdrawal.

Provider's Name and Credential:	
Phone #:	Email:

I authorize the health care provider listed above to respond to questions in support of my request for a Medical Withdrawal from the University of Puget Sound.

Student's Signature	Date:
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Questions about this process can be directed to the Office of the Dean of Students, WSC 208, 253.879.3360.