PETITION FOR MEDICAL WITHDRAWAL

REGISTRAR'S OFFICE



Last Name	First Nam	ne	Student ID Number	
Major/Minor		Classi	Classification (Sr., Jr., So., Fr.	
Reason for Request:				
Student's Signature			Date	
ISOR				
Advisor's Signature		Date		
COORDINATOR				
ADA Coordinator's Signature	Date	Approved	Denied	
OCIATE VICE PRESIDENT FOR S	TUDENT AFF	AIRS		
AVPSA's Signature	Date	Approved	Denied	
VOST/VICE PRESIDENT OF ACAI	DEMIC AFFAI	RS		
Provost/VPAA's Signature	Date	Approved	Denied	
MARY DESIGNATED SCHOOL OF	FICIAL (for In	ternational Studen	ats only)	
PDSO's Signature	Date	Approved	 Denied	

MEDICAL WITHDRAWAL DISCLOSURES:

•	To be readmitted to the University, in addition to following the regular reapplication process, a student returning from a Medical Withdrawal must provide documentation from the physical or mental health professional clearing the student to resume studies.
	Student Initial:
•	Withdrawing, even medically, may result in changes to your financial aid award. Please contact financialaid@tusculum.edu to find out the exact changes, if any, that will be made to your award. This form does not excuse any charges that you have accrued. Please contact the Business Office at business@tusculum.edu to receive information about your bill.
	Student Initial:
•	International Students must report any Change of Status of their attendance at Tusculum to the PDSO. We are required by federal regulations to report any Change of Status within 21 days. An Approved Medical Withdrawal will mean the student's I-20 will be terminated due to an Authorized Early Withdrawal request. Upon returning to Tusculum, a new I-20 will be issued to the student which will require another SEVP fee of currently \$350 to be paid by the student.
	Student Initial:
F	RETURN THIS FORM WITH DOCUMENTATION TO THE REGISTRAR'S OFFICE
	OFFICE USE ONLY
e Ent	ered By (initials) Notes

Rev. 02/16/23