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**STUDENT INFORMATION**

_____ Last Name	_____ First Name	_____ Student ID Number
_____ Major/Minor		_____ Classification (Sr., Jr., So., Fr.)
Reason for Request: _____		
_____		
_____		
_____		
_____ Student's Signature		_____ Date

**ADVISOR**

_____ Advisor's Signature	_____ Date
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**ADA COORDINATOR**

_____ ADA Coordinator's Signature	_____ Date	_____ Approved	_____ Denied
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**ASSOCIATE VICE PRESIDENT FOR STUDENT AFFAIRS**

_____ AVPSA's Signature	_____ Date	_____ Approved	_____ Denied
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**PROVOST/VICE PRESIDENT OF ACADEMIC AFFAIRS**

_____ Provost/VPAA's Signature	_____ Date	_____ Approved	_____ Denied
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**PRIMARY DESIGNATED SCHOOL OFFICIAL (for International Students only)**

_____ PDSO's Signature	_____ Date	_____ Approved	_____ Denied
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## 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](mailto: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](mailto: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:** \_\_\_\_\_

## RETURN THIS FORM WITH DOCUMENTATION TO THE REGISTRAR'S OFFICE

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### OFFICE USE ONLY

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
By (initials)

\_\_\_\_\_  
Notes

Rev. 01/31/25