



Student ID Number

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# Request for Voluntary Medical Withdrawal

Students requesting to withdraw for medical reasons past the normal deadlines should complete this form, attach appropriate documentation, and return the completed form and documentation to Student Services in the Jack Hunt Campus Center. The request and documentation must be submitted before the last day of classes for the semester in which the medical situation occurred.

Name Last		MI	First		Date of Birth MM/DD/YYYY	
Mailing Address Street/PO Box/Apt #				City	State	Zip
Home phone		Cell phone		Work phone		
Email Address						

## Course Information

Semester (circle one)			Year
FALL	SPRING	SUMMER	

Course Prefix	Course Number	Section Number	Instructor Name	Last date of Attendance

## Student Checklist

- I have provided a written statement that outlines the nature of my request for a voluntary medical withdrawal and the reasons I believe the appeal merits approval.
- I have provided documentation with specific recommendation from the physician to withdraw due to medical (health) reasons.
- I have provided medical documentation that verifies the dates of the medical condition corresponds to the semester in which I am requesting voluntary medical withdrawal.

**Student's Statement**

Provide a complete, detailed description of the illness, injury, or medical situation and why it prohibits you from completing a course.

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- **I am not entitled to a refund of tuition and fees.**
- **I understand that if I received financial aid for this term, funds may need to be returned to the appropriate program based on this withdrawal.**
- **By signing this form, I authorize my physician/health care provider to release necessary information to CCC related to this request. Furthermore, I understand that my physician/health care provider may be contacted for verification purposes.**

Student Signature	Date
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**Return the completed form to Student Services in the Jack Hunt Campus Center.**

137 S. Post Road  
Phone: (704) 669-4081  
Fax: (704) 669-4204  
www.clevelandcc.edu

**OFFICE USE ONLY**

Reviewed By:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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