

MEDICAL WITHDRAWAL CLASSIFICATION REQUEST FORM

Instructions for completion of the Medical Withdrawal Request Form

- Student fills out the request with a representative of the Medical Accommodations Committee (Student Counseling Center, Health Services, or Center for Accommodative Services) and receives medical withdrawal checklist
- Documentation from an outside provider must follow the Medical Withdrawal Request form. The documentation form is provided, and should specify that the student is currently in treatment and has a medical condition that would warrant a complete medical withdrawal for the specified semester.
- Once reviewed, the MAP Committee will send the outcome to the Registrar via email. The Registrar will place a hold on the student's account, and if already enrolled, withdraw them from any future classes.

Conditions specific to Medical Withdrawals:

It is the College's intention to support students in a successful return to the College community when illness has necessitated withdrawal. To this end:

- The time away from the college is expected to be of sufficient duration to allow the student to address the issues involved in necessitating a medical withdrawal (often one full semester away from the college).
- The student is expected to pursue on-going treatment with a licensed health and/or mental health professional to address the issues which led to the withdrawal.
- Students granted full medical withdrawal will have a hold placed upon their registration for the upcoming semester. Students will also be withdrawn from any future enrolled classes

To be reviewed by the student and a representative of the Medical Accommodations Committee: (Please review and initial each stipulation)

_____ I am requesting a full withdrawal from all my courses. I understand there may be specific conditions applied and I have/will discuss them with the Counseling and/or Health Center.

_____ I understand that I must return the appropriate medical documentation within 20 days from the date of withdrawal. Without the necessary paperwork, or if the request is not approved, the withdrawal will be finalized as a non-medical withdrawal rather than medical.

_____ I received the Paul Smith's College Request for Documentation and understand that it must be completed by the appropriate health professional depending on my reason for withdrawal. My reason for requesting a medical withdrawal is:

medical psychological both.

_____ I understand that International Students are advised to consult with Student Affairs to address referral to determine if this action will result in a violation of immigration status.

_____ I understand that the Medical Accommodations Committee will be required to approve my medical withdrawal/re-entry to Paul Smith's College.

_____ I understand that any adjustment to a student's tuition will be made in accordance with standing College policy and it is my responsibility to discuss the impact of potential changes in status with student Financial Aid and Student Accounts.

_____ I understand that it is recommended that I check with the appropriate offices and agencies (my advisor, residential life, my insurance company, scholarships, etc.) to inquire about potential implications of withdrawing from the College.

_____ I understand that in order to facilitate both my withdrawal and return the medical leave committee may need to discuss certain aspects of my plan with the Dean or designee of my School and the Academic Success Center. This permission is granted for the duration of time that I am medically withdrawn from the College.

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Section I: Student Information

Name: _____ ID# _____
Phone: _____ Email: _____
Request for Semester: _____ Year: _____ Division: _____

Section II: To be completed by the student and a representative of the Medical Accommodations Committee

I, _____ have read and accepted the stipulations and conditions for medical withdrawal outlined on the previous page of the medical withdrawal classification form. I understand that in order to facilitate both my withdrawal/return, the MAP (Medical, Academic, Psychological) Committee may need to discuss certain aspects of my plan to withdraw/return with the Dean of my School, the Academic Success Center, and any other office where restrictions/accommodations apply. This permission is granted for the duration of time I am medically withdrawn from the College.

Student Signature _____ Date _____

Medical Accommodations Committee Signature _____

Section III: Optional release of information

I, _____ authorize the clinical staff at Paul Smith's College Student Counseling Center and Student Health Service to exchange information with my parent or guardian regarding my withdrawal and/or return to Paul Smith's College. This permission is granted until I return as an enrolled student.

_____ Name of Parent(s) or guardian(s).

This authorization is for purposes of coordination of my care. Any further discourse, copying, distribution, or use is prohibited. I understand that I have the right to cancel in writing my permission to release information at any time, except to the extent that it has already been acted upon.

Student Signature _____ Date _____

This consent authorization may be withdrawn at any time at my request.

Signature _____ Date _____

The committee verifies that the student warrants a complete medical withdrawal.	
_____ Roxanne McCarty, Chair	_____ Date