CALIFORNIA STATE UNIVERSITY, LONG BEACH

MEDICAL WITHDRAWAL PETITION
STATEMENT OF SERIOUS ILLNESS OR INJURY

University Withdrawal Policy (Policy Statement 02.02) includes a provision for a student who becomes seriously ill or injured, or is hospitalized and hence unable to complete the academic term, to request a medical withdrawal. This medical withdrawal request is only good for one academic semester. If it is necessary for a student to be out more than one semester, the student may be eligible for an Educational Leave. For specific details, please refer to www.csulb.edu/enrollment.

DEADLINES: FOR SPECIFIC DEADLINE DATES REFER TO www.csulb.edu/enrollment.

Note: the deadline to request a medical withdrawal and refund of registration fees is earlier than the deadline to request a medical withdrawal only.

PROCEDURE:

1. Complete and sign Part I
2. Ask your physician or licensed health care provider to complete and sign Part II (reverse side)
3. Submit the completed form to Enrollment Services, BH-101, but **no later than the end of the term of the requested withdrawal.**

PART I - TO BE COMPLETED BY STUDENT (PLEASE PRINT)

Last Name _____ First Name _____ MI _____

Student Identification Number _____

Street Address _____ City _____ Zip _____

Telephone: Home _____ Work or Cell _____

Enter Year of Requested Medical Withdrawal:

Fall 20_____ Spring 20_____ Summer Session 20 _____ I II III Winter 20_____
circle appropriate session(s)

PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

I understand that:

- Both sides of this form must be completed, in full, for the request to be accepted and considered
- Faxed or photocopied forms are not acceptable and will result in denial of my request
- I will receive 'WE' (Withdrawal for Extenuating Circumstances) grades on my official record for all enrolled courses
- I am not entitled to a refund of applicable fees ***if the complete request is received after the published refund deadlines***
- I may have to repay all or part of any financial aid award received if I have received a financial aid check or if financial aid has been applied to my account (check with Financial Aid before withdrawing)
- Approval of this request may affect visa status for international students (check with the Center for International Education, if applicable, before withdrawing)
- A request for medical withdrawal may not be appropriate if you are currently not enrolled for this semester. Refer to www.csulb.edu/enrollment for information regarding eligibility for an Educational Leave.
- Copies of this form may be provided to all appropriate campus offices
- Falsification of information may lead to disciplinary action by the University
- Instructors of the classes in which I am currently enrolled may be notified if this request is approved
- By signing this form, I authorize my health care provider to release necessary information to the University related to this request. Furthermore, I understand that my health care provider may be contacted for verification purposes.

Student Signature _____ **Date** _____

Enrollment Services Office

Grade Assignment: ☐ *WE* Withdrawal for Extenuating Circumstances

Approved: _____ Date _____

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STATEMENT OF SERIOUS ILLNESS OR INJURY

STUDENT NAME _____

is requesting a medical withdrawal from all courses at California State University, Long Beach and has authorized you to release information (see reverse side of this form). A Statement of Disability must be completed by a physician or licensed health care provider and submitted to Enrollment Services before the requested medical withdrawal can be considered.
Permanent or temporary serious illness or injury is the *only* acceptable basis for a medical withdrawal. You may be contacted to verify information provided.

PART II – TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROVIDER (PLEASE PRINT)

Name of Physician/Health Care Provider: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____

1) Describe the serious illness or injury that is preventing the student from completing the term:

_____

_____

2) Why is this illness/injury preventing the student from completing the term?

_____

_____

3) When did this illness/injury occur?

_____

_____

4) Dates of examination for the condition claimed as the basis for medical withdrawal:

_____

_____

5) When do you believe the student will be well enough to resume his/her academic program?

_____

_____

6) What treatment is the student undergoing?

_____

_____

Signature: _____ **Date:** _____

License #: _____

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