



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

PETITION TO WITHDRAW FOR MEDICAL REASONS

RMRG_WRM

The Withdrawal for Medical Reasons Policy allows a student to petition to withdraw from their classes after the last day to drop their courses in a given term, and results in the assignment of a W grade. Withdrawals for Medical Reasons are considered when the student experienced an unforeseen, uncontrollable, and unavoidable illness or injury that impeded the student's ability to attend, complete, or participate in their courses. Petitions to Withdraw for Medical Reasons are reviewed and approved by the student's school/college and the Dean of Students in Student & Campus Life. Petitions to Withdraw for Medical Reasons are accepted until the last day to withdraw from classes in the next immediate academic term, as published on the university's academic calendar.

STUDENT INSTRUCTIONS:

- Schedule an appointment with the Dean's designee in your school/college. Contact your academic advisor if you are unsure about who to meet with to initiate your request.
- The Dean's designee will require that you send two completed forms, available on the Office of the Registrar website, **from your Seattle University email account** :
 - (1) the Petition to Withdraw for Medical Reasons Form.
 - (2) the Healthcare Provider Support Form.
- You will be notified about the decision and any conditions by letter, which will be sent to your Seattle University email account from the Office of the Dean of Students.
- A Withdrawal for Medical Reasons does not result in a refund of tuition and fees. Tuition refunds are provided in accordance with the *Refund of Tuition and Fees Policy*.

Seattle U ID:

SU Email:

@seattleu.edu

Student Legal Name:

Last

First

Middle

School/College:

Term/Year Withdrawing From (Enter Year)

Fall

Winter

Spring

Summer

Year

Year

Year

Year

LIST COURSE(S) FOR WITHDRAWAL FOR MEDICAL REASONS:

Subj & Course #
(e.g. UCOR 1100)

Section
(e.g. 01)

Course Title

Credits

Last Date of Attendance
(REQUIRES SCHOOL/COLLEGE VERIFICATION)

- 1.
- 2.
- 3.
- 4.
- 5.

A Withdrawal for Medical Resaons may affect the following statuses (these offices will be notified):

✓ CHECK ALL THAT APPLY

- I am a financial aid recipient
- I am an international student with an F1 or J-1 Visa
- I am a recipient of military or veteran's financial aid
- I am a participant in intercollegiate athletics
- I live in university housing
- I am a student-employee at Seattle University

▶ STUDENT'S SIGNATURE:

Date:

REGISTRAR'S OFFICE USE ONLY

Processed By:
Date: