



MEDICAL LEAVE/WITHDRAWAL FORM

INSTRUCTIONS

- 1. Complete the student information section. A response will be sent to the address provided.
2. Complete the semester/term information and include your last date of class attendance.
3. Write and attach a short personal statement to explain and include the following:
a. The extenuating circumstance;
b. How this appears on your academic record? (W grades, F, no record, etc.);
c. Documentation of the medical circumstance, medical care, and/or hospitalization.
4. If you have received financial aid, contact the Director of Financial Aid to discuss the implications of this request.
5. If you are a Veteran, please meet with the Veterans Coordinator to discuss the implications of this request.
6. Return completed Medical Leave/Withdrawal Form and all associated attachments to the Office of the Registrar. The deadline for submission is the final day of instruction for the semester/term in question.

CHECKLIST

- Personal statement attached [] Yes [] No
Medical documentation attached [] Yes [] No
Other documentation attached [] Yes [] No [] N/A
I have met with Director of Financial Aid [] Yes [] No [] N/A
I have met with the Veterans Coordinator [] Yes [] No [] N/A

STUDENT INFORMATION

Name: Last First MI ID Number:
Address:
Phone: Personal Email:
Student Signature: Date:

TERM INFORMATION

Semester: Fall Spring Summer Year:
Last date you attended class: Expected Semester/Term of Return (Term/Year):
I do not plan to return to Rivier University

SIGNATURES

Director of Financial Aid, Date Director of Student Accounts, Date
Veterans Coordinator, Date Registrar, Date

Official withdrawal date will be determined by the Office of the Registrar based on student's first notification to the University or the effective date, whichever is latest. The University recognizes that in certain circumstances a health issue may so significantly impact a student's academic work that a Medical Leave/Withdrawal for the semester/term is needed. The student must complete this Medical Leave/Withdrawal Form, provide written evidence from a Physician or Healthcare Provider and a written personal explanation to the Registrar. This must be completed in a timely manner and no later than the last day of class in any given semester/term. If granted, normal withdrawal grading policies will be followed.