



UNION UNIVERSITY
Student Life

Student Request for Medical Withdrawal

Incomplete forms cannot be processed

Student's Full Name: _____ UU ID #: _____

Email Address: _____ Cell #: _____

Term/Semester to Withdraw: _____ Today's Date: _____

Describe how or why the medical emergency has/have interfered with your academic performance:

When did your medical-related concerns begin? Describe how these concerns evolved:

When was the last date you attended any of your classes and/or submitted assignments?: _____

Did you provide medical documentation to your instructors? **Yes** or **No** If yes, attach copies to this form.

Describe what campus-based resources you utilized for the term or semester in question to assist you in support of academic success (i.e. Counseling Center, Center for Academic Success, Office of Disability Services, Dean of Students–Care and Wellbeing, Academic Dean's or Advising Offices, etc.)

With my signature below, I attest to the accuracy of the information given and agree that I understand the consequences of requesting a medical withdrawal as outlined in the Union University Medical Withdrawal policy:

Signature: _____ Date: _____

Questions related to Financial Aid: Student Financial Planning | (731) 661-5015 | finaid@uu.edu

Questions related to Tuition/Refund: Student Accounts, Business Office | (731) 661-5299 | tgiddens@uu.edu