



University Student Records  
**Petition for Medical Withdrawal**

**Submitting Instructions:** Send completed form with the required document(s), by NMSU email, to University Student Records at record\_grade@nmsu.edu or by fax to (575) 646-1579. For questions or additional information on this form please call the University Student Records Office at (575) 646-3411.

Student Information		
Aggie ID Number:	Last Name, First Name, Middle Initial:	
Semester/ Year	<input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____	
Current Street Address:		City, State, Zip Code
Telephone Number:	Email Address:	Last Date of Attendance:

Check category that applies:

<input type="checkbox"/> Student Medical Withdrawal
<p>A medical withdrawal applies to a student who becomes seriously ill, injured, or hospitalized and is therefore unable to complete an academic term for which they are enrolled.</p> <p><b>Eligibility Requirement:</b> The attending physician must provide a letter on official letterhead with an original signature, stating the date(s) within the semester that the student was under medical care; inhibiting the student's ability to complete a semester. No other medical documentation should be included. Any other medical documentation received will be shredded to protect your privacy.</p>

<input type="checkbox"/> Withdrawal Due to Medical Conditions of an Immediate Family Member
<p><b>Immediate Family Members include:</b> spouse, domestic partner, child, parent, legal guardian, sibling, grandparent or grandchild.</p> <p>A medical withdrawal due to medical conditions of a family member applies to a student who becomes seriously ill, injured, or hospitalized and is therefore unable to complete an academic term for which they are enrolled.</p> <p><b>Eligibility Requirement:</b> The attending physician must provide a letter on official letterhead with an original signature, stating the date(s) within the semester that the family member was under medical care; inhibiting the student's ability to complete a semester. No other medical documentation should be included. Any other medical documentation received will be shredded to protect your privacy.</p>

**Submission Deadline:** Requests must be provided to the University Student Records no later than one academic year after the end of the term for which the withdrawal is being requested. I understand that once the petition has been processed, I forfeit the right to be reinstated for the semester being petitioned.

**Release Authorization:** I hereby authorize the attending physician to release any information acquired in the course of my treatment or the treatment of my immediate family member.

**Certification:** I certify, under penalty of University disciplinary action, that the information presented is correct.

**Financial Information:** Once the information is reviewed a final determination will be made if the student is eligible for the consideration of tuition or other refunds (students receiving funds awarded by the University Financial Aid and Scholarship Services should be aware of policies regarding withdrawal from the University).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Use Only		
<input type="checkbox"/> Approved	Effective Date of Withdrawal:	Date:
<input type="checkbox"/> Denied	Reason for Deny:	Processed by: