University Student Records Office

Petition for Medical Withdrawal

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

Check category that applies:

☐ Student Medical Withdrawal

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.

Eligibility Requirement: 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.

☐ Withdrawal Due to Medical Conditions of an Immediate Family Member

Immediate Family Members include: spouse, domestic partner, child, parent, legal guardian, sibling, grandparent or grandchild.

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.

Eligibility Requirement: 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.

Submission Deadline: Requests must be provided to the University Student Records Office no later than one academic year after the end of the term for which the withdrawal is being requested.

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. I understand that once the petition has been processed, I forfeit the right to be reinstated for the semester being petitioned.

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

_____ _____

Student signature Date

Official Use Only		
☐ Approved	Effective Date of Withdrawal	Date
☐ Denied	Reason for Deny	Processed by:

University Student Records Office • MSC 3AR • PO Box 30001• Las Cruces, NM 88003-8001
Office (575)646-3411• Fax (575)646-1579 • records@nmsu.edu