UF | Dean of Students Office
Division of Student Affairs
UNIVERSITY *of* FLORIDA

Medical Withdrawal Petition Questionnaire

For detailed instructions, visit the [Medical Withdrawal Process website](#)

_____ _____ _____ _____ _____
UFID   Last Name   First Name   MI   Class/College

_____
Street Address   Apt#   City   State   Zip Code

_____   _____
Email Address: Phone Number:

Please check the box for the type of withdrawal you are requesting to petition and indicate the semester(s) & year(s).
(FOR EXAMPLE: Fall 2015, Spring 2016, Summer A 2016, Summer B 2016, Summer C 2016)

MWD	**Medical Withdrawal by Deadline** * Withdrew from all classes by the withdrawal deadline * SEMESTER/YEAR_____ *EXAMPLE: Spring 2016, Summer B 2016*	**RMP**	**Retroactive Semester Medical Withdrawal** * Petitioning to withdraw from a past semester(s) * SEMESTER/YEAR_____ EXAMPLE: Fall 2015, Summer B 2015
MDD	**Medical Drop by Deadline** * Dropped individual course(s) by the withdrawal deadline * SEMESTER/YEAR_____ *EXAMPLE: Spring 2016, Summer B 2016*	**SEL**	**Retroactive Semester Medical Drop** * Petitioning to withdraw from a past course(s)* SEMESTER/YEAR_____ EXAMPLE: Fall 2015, Summer B 2015

If you are petitioning for individual course(s), please list the course prefix, number and section number below. **EXAMPLE: CHM 2045, section 3298**

_____

Reason for Medical Withdrawal/Drop:

Physical   Psychological   Death of Immediate Family   Other _____

- Once you complete this entire Medical Withdrawal Questionnaire, please submit this packet with your current medical documentation to the Dean of Students Office. Once received, the Medical Withdrawal Committee or University Petitions Committee may ask for additional documentation.
- If a retroactive drop or withdrawal is approved for courses taken since the start of the Fall 2009 term for which you received Bright Futures funding, you will be required to repay the Bright Futures funding used per F.S.1009.53.
- It is important to note that the Medical Withdrawal Committee believes all petitions should normally be submitted within six months after the end of the term during which the medical event occurred. If you are submitting this petition outside of that timeframe, it is particularly critical that you specify the reasons for this delayed request.
- However, per BOG Regulation 7.002(11), a written appeal for a refund or other appeal action must be submitted to the University within six (6) months of the close of the semester to which the refund or other appeal action is applicable.
- You may check your petition status online at https://one.uf.edu.
- All documentation is subject to verification. Any submission of false or fraudulent information or documentation will result in Student Code of Conduct charges.

I hereby certify that the information and documentation that I have submitted for this petition is true and accurate to the best of my knowledge.

_____   _____
Student's Signature   Date

***COMMITTEE USE ONLY**

Committee Action: Approved ☐   Denied ☐   Deferred ☐

Notes/Comments: _____

_____

_____

Authorized Signature _____   Date _____

Please type your answers to the following questions in order for the committee to review the impact of your medical situation on your academic performance in the semester/course(s) that you are petitioning.

What did you experience that impacted you during the semester in question? Please provide a medical diagnosis if applicable.

When did the presenting issues begin and how did they impact your academic performance?

What type of assistance or intervention did you receive? Please include dates of attendance.

If you are petitioning for a medical drop(s), how did the presenting issues negatively impact the specific course(s)? Please also comment on how the medical issue(s) did not impact your others courses that semester.

If you are petitioning for a retroactive semester medical withdrawal, what prevented you from withdrawing before the end of the semester?

Additional Comments:

Steps for Completing a Current Semester Medical Withdrawal/Drop Petition:

1. Withdraw from all courses or select courses by the listed university withdrawal/drop deadline.
   - To withdraw from all courses, please fill out the [Application To Withdraw From All Courses](#) form.
   - To drop an individual course(s), please meet with your academic advisor before the drop/withdrawal deadline.
2. Complete the entire [Medical Withdrawal Petition Questionnaire](#) and provide current medical documentation to substantiate or support the statement in your petition.
   - If you are petitioning for a current semester medical drop, please make sure to submit an [Instructor Recommendation Form](#) for each course that you are petitioning.
3. Submit your documentation to the Dean of Students Office in a PDF format by email to [MedicalWithdraw@dso.ufl.edu.](mailto:MedicalWithdraw@dso.ufl.edu)

Steps for Completing a Retroactive Semester Medical Withdrawal/Drop Petition:

1. Complete the entire [Medical Withdrawal Petition Questionnaire](#) and provide current medical documentation to substantiate or support the statements in your petition.
2. Submit an [Instructor Recommendation Form](#) for each course that you are petitioning.
3. Submit your documentation to the Dean of Students Office in a PDF format by email to [MedicalWithdraw@dso.ufl.edu.](mailto:MedicalWithdraw@dso.ufl.edu)

Medical Documentation Guidelines:

Medical documentation should be prepared on letterhead, typed, dated, and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator, and the information below regarding the medical reason for the petition:

Physical Reasons:
a. A statement of condition as a medical diagnosis.
b. Include the date of diagnosis and the date of last contact with this student. Please indicate whether the condition is permanent or temporary (prognosis).
c. A description of the procedures (e.g. clinical/diagnostic interview, rating scales, physical examination) that were used to assess/diagnose the medical condition.
d. A description of the symptoms that meet the criteria for diagnosis with the approximate date of onset.
e. A list of any medications or other treatments, including any possible medication/treatment side effects.
f. Any additional medical information that may be relevant to the petition.

Psychological Reasons:
a. A statement of psychiatric, psychological, or learning impairment. Please provide a DSM diagnosis, if applicable.
b. Date of diagnosis, dates of attendance, and date of last contact with this student
c. A description of the symptoms that impacted the entire semester or individual courses
d. A list of any medications/treatments the student is currently utilizing, including any possible side effects
e. Any additional medical information that may be relevant to the petition.

Death of Immediate Family Member:
a. Death Certificate
b. Obituary

Other:
a. Police Report
b. Statement from a victim advocate
c. Medical documentation from an immediate family member's medical provider