

It is the student's responsibility to contact the instructor to complete and submit this form. If the instructor is no longer at the University of Florida, the department chair is authorized to complete this form.

To be filled out by student:

UFID	Student Last Name	First Name	Class/College	Date
Student Signature	Course Number		Section Number	Credits
E-mail Address		I waive my right to have access to the information provided by the instructor or department concerning this petition.		
Phone Number		I do not waive my right to have access to the information provided by the instructor or department concerning this petition.		

To be filled out by instructor:

The University Student Petitions Sub-Committee on Medical Withdrawal has been assigned the responsibility of evaluating medical petitions from students seeking a waiver of a university regulation. In many of these cases, instructor input is essential.

The committee's decision will be based on all available evidence, including your input and any medical and/or legal documentation the student provides to the committee. Please complete this form and provide as many details as possible.

Faculty comments are particularly important to the committee's deliberations. The student may choose not to share the specific details of their petition or their documentation with you. Please do not hold this against the student as all of these factors will be considered in great detail when the student's petition is reviewed by the University Student Petitions Sub-Committee.

Grades During Term (please include dates) _____ Final Grade Assigned for Course _____

During Term Exams: _____

Final Exam/Assignment: _____

Quizzes: _____

Other Assignments: _____

Attendance Pattern: _____ Last Date of Attendance: _____

Did the student discuss any concerns related to this petition with you during the term? Yes No

If you have an objection to this request, please detail your objection below or submit an additional statement on letterhead detailing your objection. Once, completed, you may return the form to the student for delivery, to the Dean of Students Office or you may submit it directly using the information below.

Comments: _____

Instructor's Name (printed)	Signature	Date
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E-mail Address	Phone Number
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Please return this completed form as a PDF to MedicalWithdraw@dso.ufl.edu.