



Use this form to request a withdrawal from specific courses or an entire semester due to a medical problem or condition that substantially interfered with your ability to meet academic responsibilities. Documentation of the period of ailment must be included with the request, provided by the Schiffert Health Center, Cook Counseling, external medical provider, or other relevant entity. The request will be reviewed by the Dean of the Graduate School.

Student Information

Last Name/Surname: _____ First/Given Name: _____

Last 4 digits of VT ID: _____ Email address: _____

Citizenship: U.S. Citizen or Permanent Resident Non-U.S. Citizen; list visa status _____

Request details

Describe the time period during which you have experienced the medical/mental health problems that interfered with your studies. Attach documentation of the period of treatment by a medical provider, or any other relevant information.

Requested relief: Courses to drop: _____
(list course(s), number and CRN)

Medical withdrawal from the semester

Term for which relief is requested: Fall Spring Summer Year _____

Last date you attended class(es): _____ I did not attend any classes

Signatures

Student Signature

Date (MM/DD/YY)

Graduate School decision: Withdrawal effective date _____

Graduate School

Date (MM/DD/YY)

Submit your completed form:
<http://tiny.cc/VTgradforms>
120 Graduate Life Center, Blacksburg
NVC 7054 Haycock Road, Falls Church