



Request for Medical Withdrawal

Mail/Fax to: Records and Registration Office
 5057 Woodward, Fifth Floor
 Detroit, MI 48202
 Phone: (313) 577-3541
 Fax: (313) 577-7870
 ESP@wayne.edu

Drop Off: Student Service Center Lobby
 Welcome Center
 42 W. Warren
 Detroit, MI 48202
 Phone: (313) 577-2100

Deadline Date for Filing: Fall Term ~ March 1 Winter Term ~ July 1 Spring/Summer Term ~ November 1
 If the deadline falls on a weekend, it will be extended to the next business day. Applications must be received by the filing deadline date because exceptions to the deadline will not be granted.

A medical withdrawal is a complete withdrawal from all courses.
 While a request is under review, students are advised to make tuition payments on schedule.

Instructions:

- 1) Submit a request to withdraw to your instructor(s) via Pipeline by using the "Withdraw from a Class" feature.
- 2) Complete Part I of this form and then have your physician(s) complete Part II.

Part I. Must be completed by student:

Last Name:	First Name:	Middle Name:	WSU ID Number:		
ALL DECISIONS ARE COMMUNICATED VIA YOUR WSU E-MAIL ADDRESS					
WSU Access ID:		Phone Number:			
Applicable Term/Year (complete one): Winter 20____ Spring-Summer 20____ Fall 20____					
Provide all requested data for your classes in the applicable term (per sample line):					
Dept.	Course Number	CRN	Number of Credits	Last Attended Date	Date of Withdrawal, if appropriate
<i>ENG</i>	<i>1000</i>	<i>12345</i>	<i>3</i>	<i>02/01/2000</i>	<i>02/21/2000</i>
Detailed reason for this request (attach any additional pages if needed):					
Are you a financial aid recipient? (circle one) Yes No					
If yes and this request is approved, you may have to repay aid for the applicable academic year. For more information, please contact the Financial Aid Office at (313) 577-3378; or if appropriate, the Scholarships Office: Undergraduate (313) 577-3577 Graduate (313) 577-2172.					
Certification and Release of Information – I hereby authorize any physician or hospital to release all information with respect to myself which may have a bearing on this request. I hereby certify the information provided above is correct and true to the best of my knowledge.					
Student's Signature:				Date:	

