

## **Instructions for Temple University Students Seeking Medical Withdrawal (WE) from Classes.**

(Rev. 4/14/04)

(Please give a copy of these instructions to your physician—or appropriate medical or mental health practitioner—when you request documentation needed to support your request for a medical withdrawal.)

### Background:

The use of excused medical withdrawals (WE) is designed for students who experience the onset of acute or chronic medical conditions that prevent them from continuing with their studies. The provisions for the use of (WE) are not designed to address the typical stresses, as challenging as they may be, that may occur in taking academically demanding courses—or as a remedy to difficulties students may be having in one or more courses. Remember, that up until the second week of term, you can drop courses with no record; and up until the ninth week of term, you can withdraw from a course (W), using one of your five career course withdrawals and without documentation. Toward the end of term, you can explore with your adviser and instructor whether an Incomplete grade (I) is possible or feasible.

When considering any kind of withdrawal, be advised that reducing your credit load can affect your eligibility for financial aid or insurance, or progress towards your degree, and for international students, your student visa status. Certain other restrictions apply. Consult carefully with your academic adviser, instructor, and Financial and International Services before deciding to withdraw.

### Petitions

**Petitions for medical withdrawals (WE) must be approved by your Dean's Office.**

The Advising Office of your school or college should assist you with submitting a WE petition and with informing you about necessary documentation.

Ordinarily a medical withdrawal, if approved, is for all classes in a term. Under certain unusual circumstances, where the medical problem is directly related to or attributed to a single course, a 'WE' can be approved for that course.

**If you are seeking approval of your Dean's Office for a medical withdrawal, you must provide a written (FERPA) release to your adviser or to the Dean's designee giving him or her permission to discuss your case (by telephone, fax or letter) with your medical provider. (Your medical practitioner may also require a release from you in order to share information with your academic adviser or other Temple staff.)**

### Required Documentation from the Student's Physician, Medical or Mental Health Provider:

- Documentation must be typed and submitted on official letterhead from a qualified medical professional, must include the professional's medical license number, an office telephone number and address, and signature.
- Documentation must contain a specific diagnosis and should indicate how the medical condition affects the student's ability to attend class or complete academic course work. Detailed descriptions of confidential medical data or details of diagnoses, however, are not requested, expected or appropriate. The documentation should state whether the condition is chronic or acute.
- The letter should identify the last day the student was able to attend classes and a clear statement that—in the professional opinion of the medical provider—the student was unable to attend classes from that date for the rest of the term because of the stated medical condition.

### Next Steps for the Student Seeking a Medical Withdrawal (WE)

When you have received medical documentation from your provider, take it to your academic adviser in your school or college as soon as possible.

If your medical condition is chronic, you may be referred to Disability Resources and Services in the Division of Student Affairs for appropriate follow-up. This office can assist in evaluating your needs and helping you prepare for your eventual return to classes.

In some cases, follow up will be required from your medical provider to confirm that you are recovered and medically fit to resume taking classes at the University. Such clearance letters may include a general description of your treatment, prognosis and the medical professional's recommendation for specific conditions necessary for your health and academic success upon your return.

Once your petition for medical withdrawal has been received, your School or College Deans Office will approve or reject your petition. If approved, the petition will be sent forward to the Office of Academic Records for posting of the 'WE,' on your registration record. Your medical documentation may be sent to the Office of Disability Resources and Services. If your petition is rejected, your adviser will inform you of the reason(s) why and work with you on appropriate academic strategies for the future.

REQUEST, AUTHORIZATION AND CONSENT  
FOR RELEASE OF RECORDS AND WAIVER

I, \_\_\_\_\_, intending to be legally bound, authorize the release  
(student name)

of educational records or information from educational records relating to me and  
maintained by Temple University to: \_\_\_\_\_

\_\_\_\_\_ for the purpose of

**Evaluating a petition for a Dean's Withdrawal with Excuse ('WE') from one or  
more courses**

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and make this release and waiver understanding my right to prevent disclosure of  
information from my educational records under the United States Family Educational  
Rights and Privacy Act of 1974.

Student Name \_\_\_\_\_  
(print)

Student Name \_\_\_\_\_  
(signature)

TUid #. \_\_\_\_\_

Date \_\_\_\_\_

**Request for a “WE”: Withdraw with Dean’s Excuse  
(Student Completes)**

Name \_\_\_\_\_ TUid# \_\_\_\_\_

Date of Request: \_\_\_\_\_

Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am an undergraduate in the school/college checked below:

Ambler	Continuing Ed	Liberal Arts	CST
Art/Architecture	Education	Medicine	Social Admin
FSBM	Engineering	Music/Dance	Tourism & Hosp
Comm & Theater	Health Professions	Pharmacy	University Studies

Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer I \_\_\_\_ Summer II

Year: \_\_\_\_\_

Course Ref Number	Dept Name	Course Number	Section Number	Credits	Instructor Name

Explain below why this exception is necessary; use additional sheets as necessary.  
 Attach required documentation.

If my request is **not** approved, please process this request as a “W”. Yes \_\_\_\_\_

No, leave me in the course(s) \_\_\_\_\_.