TEMPLE UNIVERSITY

Petition for Excused Withdrawal

AF

Revised 27-May-2015

If you need to withdraw from all your classes due to **extenuating circumstances***, please see an advisor/program coordinator in your School/College. The advisor/program coordinator will discuss your options and assist you with the completion and submission of this petition if appropriate. Office of the University Registrar will review this petition upon receipt of all the necessary and supporting documentation.

Be advised that reducing your credit load can affect your eligibility for financial aid, loan deferment, insurance, progress towards your degree, student-athlete-eligibility, and visa status for international students. There may be additional restrictions. *In some cases, excused withdrawal may not result in tuition credits. Excused withdrawal may result in additional financial obligations.*

Student information

Name: _____ TUID: _____

Phone#:_____ Email: _____

Seeking excused withdrawal from:

◯ Fall ◯ Spring ◯ Summer I ◯ Summer II Year: _____

* CHECK EXTENUATING CIRCUMSTANCES

☐ **1. Serious medical circumstances that render student unable to return to class(es).**
Required pages: Petition for Excused Withdrawal (form), Student's Personal Statement (form)
Other information: Educational Record Release, Medical Provider's Statement (1 form per provider)

☐ **2. Serious family emergency that renders a student unable to return to all classes.**
Required pages: Petition for Excused Withdrawal (form), Student's Personal Statement (form)
Other information: Documentation to support personal statement

☐ **3. Military deployment to a location that would render the student unable to return to class.**
Required pages: Petition for Excused Withdrawal (form)
Other information: Deployment orders

☐ **4. If you would like the committee to consider other extenuating circumstances.**
Required pages: Petition for Excused Withdrawal (form), Student's Personal Statement (form)
Other information: Documentation to support personal statement

Advisor Name:

Advisor email:

Last date of attendance: **Date contacted by the student:**

Signature: **Date:**

Complete petition document should be submitted to the Office of the University Registrar via **TUsafesend** (http://tusafesend.temple.edu). Please send to: **registration_our@temple.edu**

Case#: _____

This document must be submitted with the Petition for Excused Withdrawal form.

Student information

Name: _____ TUID: _____

Seeking excused withdrawal from:

◯Fall ◯Spring ◯Summer I ◯Summer II Year: _____

1. Did you drop/withdraw from the course(s) during the add/drop or withdrawal period for the term? If not, why?

2. Did you immediately contact your advisor/program coordinator regarding your extenuating circumstance? If not, why?

3. What other offices did you contact regarding your extenuating circumstance?

4. Please explain the details of the extenuating circumstance.

Consent for Release of Educational Records and Waiver

This document must be included with the petition for excused withdrawal.

I, _____, intending to be legally bound, authorize the release of educational records or information from educational records relating to me and maintained by Temple University to (please list any and all medical providers related to this case):

1) Name of medical provider: _____

Practitioner type: ☐ Medical doctor ☐ Psychiatrist ☐ Psychologist ☐ Other

Address: _____

2) Name of medical provider: _____

Practitioner type: ☐ Medical doctor ☐ Psychiatrist ☐ Psychologist ☐ Other

Address: _____

3) Name of medical provider: _____

Practitioner type: ☐ Medical doctor ☐ Psychiatrist ☐ Psychologist ☐ Other

Address: _____

4) Name of medical provider: _____

Practitioner type: ☐ Medical doctor ☐ Psychiatrist ☐ Psychologist ☐ Other

Address: _____

For the purpose of evaluating the petition for excused withdrawal from courses for a medical reason, I 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 (FERPA).

Student signature: _____ **Date:** _____

TUid: _____

Medical Provider Statement

Petition for Excused Withdrawal

Revised 27-May-2015

Your patient is a student at Temple University and is seeking an excused withdrawal from classes based on a medical condition. This form is to be filled out by the medical doctor, psychiatrist, psychologist, or other licensed medical practitioner who is treating the student for the condition necessitating an excused withdrawal from classes. This form must be returned to the student to accompany his/her Petition for Excused Withdrawal. Thank you for your assistance.

Student Name: _____ TUID: _____ Withdrawal Term: _____

1) Did **<u>you</u>** provide medical treatment for the student named above? [YES] [NO]

2) Nature of the medical condition: _____

Is this a chronic condition? [] YES [] NO

3) Date treatment started: _____ Date treatment concluded (if applicable): _____

4) Given the medical diagnosis, do you believe the medical condition affected the student's ability in the following area. ***Note:*** *Not all required to be eligible for an excused withdrawal. If you are unsure, please use* ***'H'*** *to explain.*

A. Attend class where the course was taught face-to-face	[] YES	[] NO	[] UNSURE
B. Attend class where the course was taught online	[] YES	[] NO	[] UNSURE
C. Actively participate in class: Work in groups	[] YES	[] NO	[] UNSURE
D. Actively participate in class: Work individually	[] YES	[] NO	[] UNSURE
E. Actively participate in class: Respond to questions	[] YES	[] NO	[] UNSURE
F. Participate in related activities such as Lab, Internship, etc.	[] YES	[] NO	[] UNSURE
G. Minor travel for class /academic activity	[] YES	[] NO	[] UNSURE
H. Other- Please explain:			

_____

_____

_____

_____

5) The treatment requires/required prolonged absence (e.g., hospitalization, recovery, etc.) from the University:

[YES] [NO] If yes, how long? _____

Your role in the treatment of this student/patient:

[] Medical doctor **[]** Psychiatrist **[]** Psychologist **[]** Other _____

Print your full name clearly: _____ Phone:_____

License number: _____ State: _____Country:_____

Address:_____

Signature: _____ Today's date: _____

PLEASE DO NOT SUBMIT MEDICAL DOCUMENTS.