

Robert Morris University

Dean of Students Office
6001 University Boulevard
Moon Township, PA 15108
Phone: 412-397-6483
Fax: 412-397-6308

Medical Withdrawal Request Form

Term / Year: _____

Prior to withdrawing from courses, you must contact the Office of the Dean of Students.

Please review the RMU Medical Withdrawal Policy before completing this form. The policy is located on the RMU website at www.rmu.edu/medicalwithdrawal

Complete sections 1 and 2. **PRINT** all information, sign, and date the form.

1. Student Information:

Student Name _____ Student ID _____
Last First MI

Permanent Address _____

Telephone Number _____ Student Email _____

2. Medical Withdrawal Information: State reason for requesting a Medical Withdrawal. If you require additional space, please attach a separate page or provide written documentation to accompany your request. **Documentation from the treating health care provider is required and must include 1) the reason for the medical withdrawal, and 2) the date of the accident or period of illness. Documentation must be on official letterhead and signed by the health care provider.**

Student's Signature _____ Date _____

3. For Completion by the Dean of Students Office:

Comments _____

Recommendation to Vice President of Student Life and Dean of Students _____

Signature – Assistant Dean of Students Date _____

Final Action _____

Signature – Vice President of Student Life and Dean of Students Date _____