

# 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](http://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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Action \_\_\_\_\_

Signature –Dean of Students \_\_\_\_\_ Date \_\_\_\_\_