

Medical Withdrawal through Health & Counseling Services – Medical Clinic

www.eiu.edu/~health

health@eiu.edu

This form outlines the process of requesting a complete medical withdrawal from Eastern Illinois University through the Health & Counseling Services - Medical Clinic. It is important that you read the form carefully and that you understand that accepting such a withdrawal will have certain consequences. If you wish to drop only one or two classes you will need to apply for a late/retroactive withdrawal through the Office of the Registrar. Withdrawals from one or two classes or “incompletes” in individual classes should be considered prior to requesting a complete medical withdrawal. “Incompletes” in courses may be arranged with the respective instructors at their discretion and may be an option for students to consider instead of a medical withdrawal. If you have questions about the Medical Clinic’s policy or procedures for granting medical withdrawals, please call 581-3013.

Students that are granted a medical withdrawal through the Medical Clinic are subject to the following conditions:

(Please read carefully and initial each box)

_____ 1. Application for a medical withdrawal does not guarantee that a withdrawal will be granted. All medical withdrawal requests are evaluated on an individual basis. A request to withdraw and medical documentation will be considered in combination with other factors related to the student’s ability to be a successful student at Eastern.

_____ 2. To request a medical withdrawal through the Medical Clinic, you must provide a written request for withdrawal describing the medical reason for the withdrawal. Additionally, you must explain how the illness or condition affected your ability to maintain your status as a student at the University AND why withdrawing from courses through the regular process was not an option.

_____ 3. To request a medical withdrawal through the Medical Clinic you must provide a supportive letter from a provider indicating (1) the date(s) of treatment with the provider, (2) the type of treatment that has occurred, and (3) the reasons a medical withdrawal is being requested. If the request for medical withdrawal is related to a chronic condition, documentation with a date previous to or corresponding with, your last date of class attendance is required.

_____ 4. If you are requesting a medical withdrawal through the Medical Clinic, and you are a current patient of a provider at the Medical Clinic, you will need to discuss your request with the provider and obtain his/her recommendation for a withdrawal.

_____ 5. A medical withdrawal through the Medical Clinic requires that you sign a release of information form permitting the Medical Clinic to notify necessary University offices (Office of the Registrar, Financial Aid, Housing, Student Accounts, Textbook Rental, Student Insurance and any other University department deemed necessary) about the withdrawal. The withdrawal will be listed on your University record simply as a "withdrawal".

_____ 6. A medical withdrawal through the Medical Clinic does not exonerate you from your financial obligations to the University. After the withdrawal has been granted, you will receive a statement from Student Accounts indicating how your withdrawal has affected your University account. Financial obligations could include tuition and fees, housing costs (including failure to appropriately check out of the residence halls), outstanding fines, unreturned textbooks, repayment for financial aid, and other debts. If you have concerns about how your withdrawal will affect your University account, you are encouraged to check on possible financial obligations prior to accepting the requested withdrawal. Questions about financial aid should be addressed to Financial Aid (217-581-3714), and other billing questions should be addressed to Student Accounts (217-581-3715).

_____ 7. A medical withdrawal through the Medical Clinic will place a hold on your account. In order to re-enroll at Eastern, you must notify the Medical Clinic of your desire to return to school. In addition, documentation from your current treating provider indicating you are ready to return to school is required. The provider's letter releasing the student to return to school must include information that discusses the student's sufficient recovery and ability to manage course work at Eastern. We encourage students to be certain that they will be able to return to school and successfully complete future course work. A future medical withdrawal for the same or similar reason may not be granted.

_____ 8. The effective date of your medical withdrawal will be based on the best estimate of time frame of onset of condition and interference with academic success. If you are seeking a complete medical withdrawal (after the semester has ended), the last date of attendance in your classes will be used as the date for withdrawal. Documentation of a chronic condition with a date previous to your last date of attendance may also be submitted.

Read through both of the following items and initial next to the item that applies to you:

_____ **YES**, I want my pre-registered classes for the upcoming _____ (term/year) semester to be dropped by the Office of the Registrar as I **DO NOT** have plans of returning to EIU.

_____ **NO, I DO NOT** want my pre-registered classes for the upcoming _____ (term/year) semester to be dropped by the Office of the Registrar as I **DO** have plans of returning to EIU. I understand that if I later decide to drop my classes, I will need to send an email to registration@eiu.edu, preferably from my EIU email account, requesting to have my classes dropped; or by going to the Office of the Registrar in person, faxing or mailing a request in writing to have classes dropped.

I have read and have had the opportunity to discuss this form with a staff member from the Health & Counseling Services – Medical Clinic. I understand the foregoing conditions and possible consequences of my decision to accept a medical withdrawal through the Medical Clinic. My signature below gives the Medical Clinic permission to initiate the medical withdrawal process.

Student Signature

Date

Student E #: _____ Home Address: _____

Release of Information for Medical Withdrawal

The purpose of this form is to authorize the Health & Counseling Services - Medical Clinic to inform necessary University offices about the decision to grant a student's request for a medical withdrawal. This release permits the Medical Clinic to inform the following offices that the student has been granted a medical withdrawal and the reasonable disclosure of underlying facts to facilitate the withdrawal. In most cases, it will also be in the best interest of the student for the Medical Clinic to contact Financial Aid and explore any financial penalties that the student may experience as a result of the withdrawal.

I authorize the Health & Counseling Services - Medical Clinic to inform the following University offices of the decision to grant my request for a complete medical withdrawal and to provide the effective date of the withdrawal:

(Student Initials)

- _____ Financial Aid (authorization also allows the Medical Clinic to explore any financial penalties that the student may experience as a result of the withdrawal)
- Office of the Registrar
- Student Accounts
- Textbook Rental
- Student Insurance
- Housing (only if student lives on campus)

I understand that:

(Student initials all boxes)

- _____ The information provided to the above offices is being released exclusively to facilitate my medical withdrawal from the University.
- _____ I can inspect and copy the written information that is being sent to the above offices, that I have a right to be informed of any information that is exchanged, and that I may refuse or revoke my consent at any time and that this revocation must be done in writing.
- _____ If I do not consent to having the Health & Counseling Services - Medical Clinic inform the above offices of the decision to grant my request of a medical withdrawal, it will not be possible to initiate the process required to receive the formal medical withdrawal.

This consent will remain valid for one year from date of signature unless an alternate date is provided.

Signature _____

E# _____ Date _____

**After Receiving a Medical Withdrawal through the
Health & Counseling Services - Medical Clinic:**

Suggestions as You Leave EIU

- Return your text books to Textbook Rental.
- If you reside in University Housing, contact your RA and formally check out of your room/apartment. This should be done as quickly as is reasonably possible. You will retain your status as an Eastern student for this semester up until the time of your final departure from campus.
- Immediately begin to make arrangements for transportation home. It is probably best to have a responsible individual pick you up or accompany you on your travel to your destination.
- If you experience a medical emergency or psychological crisis while you are still on campus:
 - Contact the Medical Clinic at 217-581-3013 or contact the Counseling Clinic at 217-581-3413 between 8 am and 4:30 pm, Monday through Friday.
 - After 4:30 p.m. and on weekends dial 911 for medical emergencies or call the Counseling Clinic at 217-581-3413 and follow prompts for psychological emergencies.