



Request for Medical or Compassionate Withdrawal
Siena Heights University

Name: \_\_\_\_\_ SHU ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_
\_\_\_\_\_

Phone: \_\_\_\_\_ Campus: \_\_\_\_\_

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

I am requesting a (circle/highlight one): Medical Withdrawal Compassionate Withdrawal
Period for which medical/compassionate withdrawal is requested?

Fall 20\_\_\_\_ Winter 20\_\_ Summer 20\_\_

Date you last attended class for the term: \_\_\_\_\_

Please submit a typed document to describe the circumstances pertaining to your request.

For Medical/Compassionate Withdrawal please send the following to the Dean for Students office:

- a. A signed and dated document on official letterhead from a licensed health care provider with his or her current license/certification number and state of issue
b. The licensed health care provider's assessment of the medical issue and length of anticipated duration of leave from the university.
c. Any other information you deem helpful in granting your request.
d. The documentation may not be from a family member or personal friend and must include a statement attesting to that fact.

Death of an Immediate Family Member

- e. In the event of the death of an immediate family member, the student must provide a copy of the obituary, funeral document or death certificate. In the Compassionate Withdrawal Form, the student should state his or her relationship to the deceased.

I hereby petition for medical or compassionate withdrawal from Siena Heights University due to the medical or extreme personal reasons described.

I authorize SHU personnel to review any medical records or other related documentation necessary to determine my eligibility for medical or compassionate withdrawal, financial aid status and/or refund or amount due.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date Submitted \_\_\_\_\_
Approved \_\_\_\_\_ Dean for Students Signature \_\_\_\_\_ Date \_\_\_\_\_
Denied \_\_\_\_\_ Dean of CAS, CPS, or Graduate School Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeal

Result: \_\_\_\_\_
Upheld Overruled \_\_\_\_\_ Vice President of Academic Affairs Signature \_\_\_\_\_ Date \_\_\_\_\_