Request for a Medical Withdrawal

A medical withdrawal implies that you are withdrawing from the university and all classes in which you are currently enrolled. A medical withdrawal does not allow for a student to stay enrolled in some classes and medically withdraw from others. If this is your intention, you will need to discuss this with the Registrar’s Office for other withdrawal options.

Students should contact the Offices of the Registrar and Financial Aid before making a decision to seek a medical withdrawal.

If seeking a medical withdrawal, the student must fill out the Medical Withdrawal Form and must provide documentation from a medical doctor or psychiatrist whose care they are under. The documentation needs to state that the medical doctor/psychiatrist is recommending that the student medically withdraw from the university because of the student’s medical condition. **The Medical Withdrawal Form and documentation must be submitted to the Director of Academic Support and Disability by the last day of the semester. We do not accept Medical Withdrawal submissions from previous semesters.**

Once the documentation is received, it is reviewed and the student will be notified if their request was accepted, denied, or if further information is required. If the Medical Withdrawal is approved, a Medical Withdrawal hold will be placed on the student’s account and appropriate offices will be notified.

To return to PBA and to release the hold on the student’s account, proper documentation needs to be submitted to the Director of Academic Support and Disability Services for medical clearance. The medical clearance documentation needs to be a letter from the student’s medical provider stating the time frame of care, diagnosis, and clearance to return to classes at PBA with effective date.

For further information on Approved Medical Withdrawal and the Re-Enrollment process, please see page 32 in the university catalog or pages 57-59 in the Navigator.
Medical Withdrawal Form

Name: ____________________________ Date: _______________________

ID #: ____________________________ Phone #: _______________________

Last day of class attended (if applicable): __________

Last day in Residence Hall (if applicable): __________

Reasons for requesting a Medical Withdrawal:

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Please submit this form with your supporting medical documentation to the Director of Academic Support and Disability Services.

1. Email: witfield_felix@pba.edu
2. Fax: 561-803-2574
3. Drop it off at the Office of Academic Support & Disability Services, located in Room 244, Lassiter Student Center, 2nd Floor.