



Application for Medical Withdrawal/Family Emergency

For students seeking to withdraw from all classes after the last official withdrawal date
(After the last business day of the 12th week of the semester)
Due to personal medical/family emergency issues

Name: _____ Student ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Semester of requested withdrawal: Year _____ Fall Spring Summer

Date you last attended classes for the withdrawal semester? _____

I hereby petition for a withdrawal from enrollment in all classes for the current semester at Dickinson State University due **personal illness/family emergency**. I authorize DSU representatives to review my medical records and/or other related documentation as necessary to determine my eligibility for a withdrawal and/or a refund of fees.

Signature _____ Date: _____

Documentation required:

- 1.) This form completed
- 2.) A letter from your medical provider with details noted on the attached forms, if applicable.
- 3.) A brief statement by you regarding your current circumstances. Explain in one paragraph why you are seeking this withdrawal.

Please submit this form, the brief statement and the letter from your medical provider to:

Dickinson State University
Academic Records
291 Campus Drive
Dickinson, ND 58601

Phone: (701) 483-2331
Fax: (701) 483-2409

Director of Academic Records

_____ Approved _____ Not Approved

Vice President of Academic Affairs/Provost

_____ Approved _____ Not Approved