

Medical Withdrawal Instructions

A medical withdrawal does not mean a student will receive a refund of tuition. Students may be responsible for some or all tuition liability.

Please note: The Health Center reviews requests for medical withdrawals for the current or prior semester for WU and FIN grades only.

If you wish to appeal WU or FIN grades from another semester, please see instructions for an [Undergraduate Grade Appeal](#).

1. Complete the **Request for Medical Withdrawal** form. You may make an appointment by calling the Health Center at 718-982-3045 to review your request in person. The Health Center is located in 1C, room 112. You may also email your completed form to healthcenter@cuny.edu.
2. If you are unable to submit the Request for Medical Withdrawal in person, you must provide written authorization giving another individual permission to submit the form on your behalf along with a copy of your student ID card.
3. Your medical or mental health provider must complete, sign, stamp and date the Request for Medical Withdrawal form.
4. Please carefully review the Academic Calendar for the appropriate semester to understand the impact of your withdrawal on tuition.
5. Your request (not health information) will be forwarded to the Student Concern Committee. That committee will reach out to you with a decision and further instructions in order to process the withdrawal, if approved.
6. Students who medically withdraw and receive financial aid will be instructed to meet with both the Financial Aid Office (2A-401) and the Bursar's Office (2A-105).
7. After receiving information from the above offices, the final step is to contact the Office of the Registrar (2A-107) to complete the medical withdrawal request process.

Thank you for your cooperation.

REQUEST FOR MEDICAL WITHDRAWAL

Student Name: _____ **Phone #:** _____

Address: _____

Date of Birth: _____ **Email:** _____ **Empl ID#** _____

A medical withdrawal does not mean you will receive a refund of tuition. Students may be responsible for some or all tuition liability. Requests are considered for the **CURRENT** or **PRIOR** semester only.

Consent to Release or Discuss Health Information:

I hereby authorize my health care provider to release or discuss records and information regarding my physical or mental health to Health Center personnel for evaluation of my request for a medical withdrawal.

Student Signature: _____

Please have your Medical/Mental Health provider complete the information below and return the completed Request for Medical Withdrawal form to:
Health Center, 1C-112, 718-982-3045 or healthcenter@csi.cuny.edu

To be completed by Medical/Mental Health Professional

Diagnosis: _____

Dates unable to attend classes for this particular diagnosis/illness must correlate with the current or prior semester of withdrawal. **Please see Academic Calendar for dates that will impact tuition.**

Dates: _____ **Semester:** _____

Hospitalization date(s), if applicable: _____

I recommend that the student (select one): withdraw from all classes reduce workload

Reason that student needs to withdraw from all classes or reduce workload/classes.

Provider Name: _____ **License ID#:** _____

Signature: _____ **Stamp:** _____

Address: _____ **Phone:** _____ **Date:** _____