Dean’s Notification to GM of Student Medical Withdrawal

Date: ________________________________

Dean’s Name: ___________________ School: ____________________________

Student’s Name: ___________________ ID#: ____________________________

____ Medical Withdrawal Provided to Student Date of Withdrawal: _________________________

____ Retroactive Medical Withdrawal Provided

What semester(s) grades have been cancelled by the withdrawal?

_____________________________________________________________________________________

Reason for withdrawal (including rationale for retroactive, if provided):
_____________________________________________________________________________________
                                                                                                  __________________________________________   ___________________________________

Recommended Reenrollment Assessment Process:

_____ Review medical documentation (if available and adequate). In-person assessment not required.

_____ Assess student in-person even if medical documentation is submitted.

Rationale for recommended in-person reenrollment assessment. Please include any specific issues that
you would like to see addressed during the student’s reenrollment assessment:
_____________________________________________________________________________________
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Signature of Dean       Date