



## Voluntary Medical Withdrawal Overview

### ***Definition of Medical Withdrawal***

When a student's medical status is not compatible with the obligations of enrollment as a student, the student may be eligible for a Medical Withdrawal. Medical Withdrawal may be initiated by the student (Voluntary Medical Withdrawal) or the University (Involuntary Medical Withdrawal).<sup>1</sup> Medical Withdrawal entails withdrawal from all courses. In some circumstances, it may be appropriate for a student to withdraw from some courses but to remain registered as a student in at least one course; such a circumstance is not a medical withdrawal, although medical documentation may be required if the request to withdraw from some classes occurs after the term's withdrawal deadline.

### ***Medical Withdrawal vs. Withdrawal from All Classes***

A student may initiate a Withdrawal from All Classes (withdrawal from the university) for any reason and without any additional documentation through the tenth week of a sixteen-week semester or the equivalent point in a five-week or eight-week term. See the University's Academic Calendar for withdrawal deadlines. A Voluntary Medical Withdrawal may be requested anytime within the term for which it applies.

When a student withdraws from the University (either Medical Withdrawal or Withdrawal from All Classes), the student may be eligible for a partial refund of tuition according to the University's Tuition Refund Schedule. After the end of the fifth week, the student is not eligible for any tuition refund, regardless of whether the withdrawal is a Medical Withdrawal. A student's withdrawal may require the University to refund student loans to the lender, potentially changing the student's financial obligation to the University; the student's particular situation can be explained by the Office of Scholarships and Financial Aid.

Students who receive Financial Aid or a Scholarship from the University are counted as using one semester of that support for the semester during which the student withdraws. After a Medical Withdrawal (but not after a Withdrawal from All Classes), a student who returns to Nebraska Wesleyan University and continues toward graduation is eligible for an additional semester of University scholarship or financial aid, if needed, provided the student continues to meet all of the academic or financial criteria for the student's particular aid package.

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<sup>1</sup> The University may initiate the Involuntary Medical Withdrawal when it is determined that the student presents a threat to any member(s) of the university community. The Involuntary Medical Withdrawal procedure and policies are available in the Office of Student Life.

### ***Steps to Initiate a Voluntary Medical Withdrawal***

When, after consultation with university representatives and medical professionals, a student decides to pursue a Voluntary Medical Withdrawal, the student must complete these steps:

- 1) Pick up or download the Voluntary Medical Withdrawal Information Packet (available from the Academic Affairs Office or online);
- 2) Request the necessary supporting documentation from a licensed medical professional. See the “Medical Withdrawal Guidelines for Medical Professionals” documentation within the Voluntary Medical Withdrawal Information Packet.
- 3) Contact the Academic Affairs Office to coordinate a meeting between the student, the Dean of Undergraduate Programs, and representatives of other offices as relevant (e.g., the Office of Scholarships and Financial Aid; the Business Office; the Office of Residential Education).
- 4) Submit the application for Voluntary Medical Withdrawal and all documentation before the end of the term for which the Voluntary Medical Withdrawal is requested.

### ***Steps to Return from Medical Withdrawal***

When, after consultation with university representatives and medical professionals, the student wishes to return from a Medical Withdrawal (either Voluntary or Involuntary), the student must complete these steps:

- 1) Pick up or download the Voluntary Medical Withdrawal Information Packet (available from the Academic Affairs Office or online) if needed;
- 2) Request the necessary supporting documentation from a licensed medical professional who has been treating the student. See the “Medical Withdrawal Guidelines for Medical Professionals” documentation within the Voluntary Medical Withdrawal Information Packet.
- 3) Contact the Academic Affairs Office to coordinate a meeting between the student, the Dean of Undergraduate Programs and representatives of other offices as relevant (e.g., the Office of Scholarships and Financial Aid; the Business Office; the Office of Residential Education, the student’s academic advisor).
- 4) Submit the application for Return from Medical Withdrawal and all documentation to the Academic Affairs Office.

The approval and re-registration process can take several days. Students should plan to have all documentation submitted at least a week prior to the start of the term for which the student wishes to register. The student may not register for classes until the return from medical withdrawal is approved. Class availability is limited near the start of each term; submitting the application to return as early as possible will allow the student greater flexibility in selecting and registering for classes.



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## APPLICATION FOR VOLUNTARY MEDICAL WITHDRAWAL

DATE OF APPLICATION: \_\_\_\_\_

FOR TERM: \_\_\_\_\_  
(Fall, Winter, Spring, Summer / Year)

DATE OF LAST ATTENDANCE: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

*Applications will only be accepted if submitted **before the end of the term** from which the student wishes to withdraw.*

### A) PERSONAL DATA:

LEGAL NAME: \_\_\_\_\_  
 Last First Middle (Former Last)

ADDRESS AND PHONE NUMBER DURING WITHDRAWAL FROM UNIVERSITY:

Street City State Zip

Phone number(s) and type(s): e.g. "student cell," "parent home"

E-MAIL ADDRESS \_\_\_\_\_

*I have requested appropriate medical documentation to support my request, and I understand that this request will not be processed until that documentation is received by the Dean of Undergraduate Programs (see part B). I understand that submission of this form does not guarantee university approval of the voluntary medical withdrawal.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### **OPTIONAL WAIVER OF CONFIDENTIALITY**

*Under the Family Educational Rights and Privacy Act (FERPA), university academic records are **confidential**. If you choose to grant a family member or other third party access to these records, you may indicate the name and contact information and sign below. **Leaving this section blank will keep your academic records confidential.***

\_\_\_\_\_  
Person with whom the University may discuss my academic records

\_\_\_\_\_  
Student Signature and Date

### **B) REQUIRED MEDICAL DOCUMENTATION:**

For the application to be considered, it must be accompanied by appropriate documentation by a licensed medical practitioner who is currently treating the student. The **Information for Medical Providers** form provides further detail about the requirements of that documentation. Documentation should be submitted to:

Dr. Jodi Ryter  
 Dean of Undergraduate Programs  
 Nebraska Wesleyan University  
 5000 St. Paul Avenue  
 Lincoln, NE 68504  
 FAX: (402) 465-2537  
 Phone: (402) 465-2110  
[jryter@nebrwesleyan.edu](mailto:jryter@nebrwesleyan.edu)

**C) REQUIRED UNIVERSITY CONSULTATIONS:**

To ensure the student’s full access to information about Medical Withdrawal policies, including financial implications, and to help the student plan for long-term academic success, the Dean of Undergraduate Programs will arrange a meeting with the student (or the student’s representative), including representatives of different offices as relevant.

**Financial Aid/Scholarship Consultation**

*I have discussed with the student (or student’s representative) the financial aid and scholarship policies and consequences relevant to this application for Voluntary Medical Withdrawal.*

\_\_\_\_\_  
Scholarships and Financial Aid Office representative Date

**Business Office Consultation**

*I have discussed with the student (or student’s representative) the student’s current statement as well as any changes that may result from this application for Voluntary Medical Withdrawal.*

\_\_\_\_\_  
Business Office representative Date

**Residential Education Office (if applicable)**

*I have discussed with the student (or student’s representative) the student’s plans to move out from campus housing and the policies relevant to this application for Voluntary Medical Withdrawal.*

Approved Move Out Date: \_\_\_\_\_

\_\_\_\_\_  
Residential Education representative Date

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UNIVERSITY USE ONLY

**D) UNIVERSITY APPROVAL AND PROCESSING:**

**Dean of Undergraduate Programs**

*I have discussed with the student (or student’s representative) the policies relevant to an application for Voluntary Medical Withdrawal; we have also discussed the student’s short-term and long-term academic options. I have reviewed the submitted medical documentation and I:*

                  *this request for Voluntary Medical Withdrawal.*  
Approve Deny

\_\_\_\_\_  
Dean of Undergraduate Programs Date

The Registrar’s Office processes the withdrawal from all courses and notifies the instructors, the advisor, and other university personnel as relevant.

\_\_\_\_\_  
Processing and Notification Date



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**APPLICATION FOR RETURN  
FROM MEDICAL WITHDRAWAL**

DATE OF APPLICATION \_\_\_\_\_

FOR TERM \_\_\_\_\_ / \_\_\_\_\_  
(Fall, Winter, Spring, Summer / Year)

LAST TERM ENROLLED AT NWU \_\_\_\_\_

APPLICATION FOR: \_\_\_\_\_ Full-Time (12 or more credits)

\_\_\_\_\_ Part-Time status (\_\_\_\_\_ credits)

\_\_\_\_\_ Living on campus\*

\_\_\_\_\_ Living off campus\*

*\* Please note that all students are subject to the NWU Residency Policy as stated in the Student Handbook. Forms to apply for an exemption to the NWU Residency Policy may be obtained from the Residential Education Office in Centennial Hall.*

**A) PERSONAL DATA:**

LEGAL

NAME:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ (Former Last)

HOME (PERMANENT) ADDRESS:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Phone number(s) and type(s): e.g. "student cell," "parent home"

\_\_\_\_\_ E-MAIL ADDRESS

LOCAL ADDRESS (if different from home address):

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

STUDENT ID#: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

**B) PERSONAL STATEMENT:**

Nebraska Wesleyan University wants to help students plan for and achieve academic success. Please submit with this cover sheet a personal statement (one to two pages) that describes your readiness to return as a student at Nebraska Wesleyan University.

Your statement should address: your plans for continuing medical care (as relevant); your plans for support on-campus and off-campus; what experiences since your withdrawal demonstrate your readiness to return (e.g., successful coursework at another university); how your plans for your personal situation (housing, employment, etc.) relate to your academic success; and what academic planning you may have done with your academic advisor(s) since your withdrawal.

**C) APPROVAL OF RETURN:**

In order to return to Nebraska Wesleyan University following a Medical Withdrawal, a student must submit medical documentation of readiness and must meet with the Dean of Undergraduate Programs to discuss the student's plan for academic success, as discussed in the student's Personal Statement (part B of this application). To schedule that meeting, contact the Academic Affairs Office at Nebraska Wesleyan University: 402-465-2110.

*I have conferred with this student and authorize his/her readmission effective \_\_\_\_/\_\_\_\_/\_\_\_\_.*

\_\_\_\_\_  
Dean of Undergraduate Programs or his/her designee                      Date

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**FOR REGISTRAR'S OFFICE USE ONLY**

ID # \_\_\_\_\_

ADVISOR(S) [reactivated and notified]: \_\_\_\_\_

REGISTRATION INFO GIVEN/PASSWORD CREATED: \_\_\_\_\_ INFORMATION VERIFIED: \_\_\_\_\_  
\_\_\_\_\_



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## **Information for Medical Providers about Voluntary Medical Withdrawal or Return from Medical Withdrawal**

Any Nebraska Wesleyan University student may withdraw from any or all classes up through the tenth week of the semester for any reason. In cases of medical necessity, students may apply for a Voluntary Medical Withdrawal. The Voluntary Medical Withdrawal application and supporting documentation must be received no later than 5:00 p.m. on the last day of the semester.

In order to be approved for a Voluntary Medical Withdrawal, a student must have documentation from a health care provider attesting to the fact that the student's medical situation is not compatible with successful attendance at the University. When a Voluntary Medical Withdrawal is approved, the student will be removed from all classes. Students under Voluntary Medical Withdrawal may not remain enrolled in any classes during that semester.

When the student is ready to return to classes, the student must seek medical documentation of readiness to return to the university (whether full-time or part-time) in order to be approved for registration.

In writing a letter for either Voluntary Medical Withdrawal or Return from Medical Withdrawal, we ask that you discuss the following with the student:

- where and when the student may receive treatment for her/his medical condition and whether the student's care is compatible with the student's academic schedule.
- the student's ability to manage both the mental and physical stresses of her or his academic schedule.
- the appropriateness of the student living on or off campus.
- whether a reduced academic load may be appropriate.

If you are asked for documentation in support of a student's application for a Voluntary Medical Withdrawal or Return from Medical Withdrawal, please use the attached form.

Please submit the documentation to Dr. Jodi Ryter, Dean of Undergraduate Programs, either by e-mail to [jryter@NebrWesleyan.edu](mailto:jryter@NebrWesleyan.edu) or via fax to 402.465.2537.

Thank you for your support of our students' well-being.



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**VOLUNTARY MEDICAL WITHDRAWAL/  
RETURN FROM MEDICAL WITHDRAWAL  
Medical Provider Information Form**

STUDENT NAME: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

STUDENT IS SEEKING (circle one)

**Medical Withdrawal**

**Return from Medical Withdrawal**

**A) DIAGNOSIS AND RELEVANT HISTORY OF CARE:**

Please write a letter, preferably on letterhead, attesting to your diagnosis of, or a description of symptoms of, the medical condition for which the student is seeking a Voluntary Medical Withdrawal or from which the student is seeking a Return from Medical Withdrawal. Your letter should include:

- your history of consultation with or treatment of this student for this condition;
- the extent to which the student's medical condition affects the ability to meet the academic obligations of being a student at Nebraska Wesleyan University (ability to concentrate, ability to attend class regularly, ability to manage stress);
- whether the student's medical condition is compatible with the requirements of being a full-time or a part-time student;
- whether the student's medical condition is compatible with living on-campus in a shared-living environment (if the student is residential);

**B) RISK ASSESSMENT:**

To what extent does the student's medical condition present a risk to the student or or others?				
	Significant Risk	Moderate Risk	Little to No Risk	Unable to Assess
Risk of Medical Instability				
Risk of Self-Harm				
Risk of Violence				
Comments (optional):				

**C) PROVIDER INFORMATION:**

PROVIDER AND PRACTICE NAME: \_\_\_\_\_

LICENSE/CERTIFICATION NUMBER AND STATE: \_\_\_\_\_

PROVIDER PHONE NUMBER: \_\_\_\_\_





CONSENT FOR THE RELEASE OF INFORMATION

INSTRUCTIONS: The client must complete this form in its entirety in order for Nebraska Wesleyan to request information. The client must be specific as to the nature of the information to be released and the purpose for which it is requested. The client is entitled to receive a copy of this release.

I authorize Nebraska Wesleyan University to receive

1. Records of my treatment for dates beginning \_\_\_\_\_ and ending on \_\_\_\_\_

2. Other \_\_\_\_\_

for the purpose of a Voluntary Medical Withdrawal from the University.

This information is for use by the above named recipient only. It cannot be given to any other individual or agency without the patient's consent. This authorization will expire three months from the date below.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Approved: \_\_\_\_\_

Records mailed (date): \_\_\_\_\_ By: \_\_\_\_\_

Records sent for (date): \_\_\_\_\_ By: \_\_\_\_\_

Other remarks: \_\_\_\_\_