New Mexico State University
University Registrar's Office

Petition for Medical Withdrawal

Student Information		
Aggie ID Number:	Last Name, First Name, Middle Initial:	
Semester/ Year ☐ Fall 20_________ ☐ Spring 20________ ☐ Summer 20_________		
Current Street Address:		City, State, Zip Code
Telephone Number:	Email Address:	Last Date of Attendance:

Check category that applies:

☐ Student Medical Withdrawal

A medical withdrawal applies to a student who becomes seriously ill, injured, or hospitalized and is therefore unable to complete an academic term for which they are enrolled.

Eligibility Requirement: The attending physician must provide a letter on official letterhead with an original signature, stating the date(s) within the semester that the student was under medical care; inhibiting the student's ability to complete a semester. No other medical documentation should be included. Any other medical documentation received will be shredded to protect your privacy.

☐ Withdrawal Due to Medical Conditions of an Immediate Family Member

Immediate Family Members include: spouse, domestic partner, child, parent, legal guardian, sibling, grandparent or grandchild.

A medical withdrawal due to medical conditions of a family member applies to a student who becomes seriously ill, injured, or hospitalized and is therefore unable to complete an academic term for which they are enrolled.

Eligibility Requirement: The attending physician must provide a letter on official letterhead with an original signature, stating the date(s) within the semester that the family member was under medical care; inhibiting the student's ability to complete a semester. No other medical documentation should be included. Any other medical documentation received will be shredded to protect your privacy.

Submission Deadline: Requests must be provided to the Registrar's Office no later than one academic year after the end of the term for which the withdrawal is being requested.

RELEASE AUTHORIZATION: I hereby authorize the attending physician to release any information acquired in the course of my treatment or the treatment of my immediate family member. I understand that once the petition has been processed, I forfeit the right to be reinstated for the semester being petitioned.

CERTIFICATION: I certify, under penalty of University disciplinary action, that the information presented is correct.

____ Student signature

_________________________ Date

Official Use Only		
☐ Approved	Effective Date of Withdrawal	Date
☐ Denied	Reason for Deny	Processed by: