

C O N F I D E N T I A L

This form (including any attachments) may contain privileged or confidential information. It is intended only for the appropriate review Board and its administrative agents. Please respect the confidentiality of this student and the information contained herein.

To request withdrawal from a course for health considerations after the withdrawal deadline, undergraduate students must petition the Scholastic Review Board and graduate students must petition the Graduate Review Board. All students must explain the reason(s) for their request (**Part I**), secure verification from an appropriate physical/mental health professional (**Part II on reverse side**), and return this form to the appropriate review board. The board, in its discretion, will determine whether the student's physical or mental health issues warrant granting a withdrawal from a course after the course withdrawal deadline. If a student withdraws from a course after the add/drop period, s/he is responsible for the cost of that course, regardless of the reason for the withdrawal.

I wish to take a leave of absence for the _____ term and plan to return for the _____ term.

Part I -To Be Filled Out by the Student

Name: _____ Tel# _____

Address: _____ E-Mail: _____

Semester for which medical withdrawal(s) is being requested: FALL SPRING Year _____

Course(s) from which withdrawal is requested:

Please provide a description of your physical/mental health condition, its impact on your academic performance, and the date of onset. (It is only necessary to disclose information as it pertains to your course withdrawal request)

Functional limitations which require withdrawal from course(s)

Current Treatment (counseling, medication, etc.) _____

I give my permission for the review board to contact the professional named in Part II of this form (on reverse side).

(Student's Signature)

Part II - To Be Filled out by Physical/Mental Health Professional verifying the student's condition:

Name: _____

Title: _____

Practice Affiliation: _____

Address: _____

Comments:

Signature: _____ Date: _____

Undergraduate Students

Please return this form to:

Scholastic Review Board

c/o Nancy Hutchins
200 The Riverway
Boston, MA 02215
Phone (617) 879-2177
Fax (617) 879-2374
nhutchins@wheelock.edu

Graduate Students

Please return this form to:

Graduate Review Board

c/o Renee Ruggiero
200 The Riverway
Boston, MA 02215
Phone (617) 879-2218
Fax (617) 879-1058
ruggiero@wheelock.edu