

Accessibility Services

WOFFORD COLLEGE

Medical Withdrawal Form

This form will be used to support a student's request for a Medical Withdrawal at Wofford College. It should:

- a. Reflect the most currently available information
- b. Be completed by a qualified professional
- c. Be completed as clearly and thoughtfully as possible. Incomplete responses and illegible handwriting may require additional follow up.

Wofford supports all students who need to withdraw from the college due to physical illness/injury or to seek treatment for chemical dependency or other psychological conditions. The full Medical Withdrawal policy can be found at <http://catalog.wofford.edu/academics/withdrawing-college/>.

Student's Name: _____ Birthdate: _____
Last First M.I.

Date of most recent assessment: _____

All diagnoses which necessitate the student's withdrawal from school:

Effects or functional limitations of the diagnosis(es) which necessitate the withdrawal:

Treatment plan for the student during the period of withdrawal:

Additional information that should be considered for this request:

Provider Name (Print): _____

Provider Signature: _____

License or Certification #: _____ State: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

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