

Accessibility Services

WOFFORD COLLEGE

Return From 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 for which the student has received treatment during withdrawal from school:

In your professional opinion, has the student's treatment resulted in stabilization sufficient for return to school? Yes _____ No _____

Treatment rendered during the withdrawal period (including frequency/duration):

Plan of treatment to be followed upon student's return to school (if applicable):

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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