



Medical Withdrawal Form

Name of Student _____

Student ID: _____

Email address: _____

I hereby authorize the physician to complete the statement below and to release this and other information to Goodwin College for their use in documentation. Submitting this form does not guarantee a favorable outcome. Your request will be reviewed and you will receive notification via your Goodwin College email address within thirty (30) days from the date the form is submitted. Your request for a medical withdrawal will only be considered for courses for which you have not received a grade. Medical withdrawals must be submitted by the module or semester withdrawal dates as indicated in the Goodwin College catalog. An appeal's process is available at the conclusion of the decision. Please refer to the Suggestions and Grievance section of the Goodwin College catalog.

DATE _____

Student Signature _____

Physician's Statement (to be completed by medical physician)

I hereby certify that _____ has been under my care and requesting to withdraw from college.

Responses below should clearly establish medical necessity for separation from college.

1. Is student still under your care? (Circle one) Yes No
2. Do you certify that the significance of the sickness or injury would prevent the student from completing the current semester? (Circle one) Yes No
3. When do you authorize student to resume classes (provide an exact date if possible) _____
(date)

Signature of Physician

Date

Printed Physician Name

Physician License#

Printed address

Telephone#

Fax #

****ALL medical withdrawal paperwork MUST be received by the registrar's office by the withdrawal date of that semester or module. You will receive an email confirmation upon receipt of your form. If you did not receive a confirmation email, please contact the Registrar's Office at 860.727.6708 or email at ikimble@goodwin.edu.***

Goodwin College reserves the right to confirm the validity of this document.

Please submit all forms to:
The Registrar Office
860-727-6708
860-291-8610 (fax #)