



College of Arts and Sciences

Medical Provider Documentation for Withdrawal for Extenuating Circumstances Request

Instructions:

Your patient is a student at the University of North Carolina Wilmington who is applying for an Extenuating Circumstance Withdrawal, due to serious medical circumstances beyond their control. Please note, in exceptional cases it is allowable for your patient's guardian to initiate/complete the withdrawal process.

Please note: The College of Arts and Sciences at University of North Carolina Wilmington routinely contacts medical providers to authenticate information provided in withdrawal documentation.

A qualifying Extenuating Circumstance is only for a medical emergency that resulted in the patient being advised not to attend school for an extended amount of time. For the student to receive clearance to return to the university, documentation will need to be provided of treatment received and suitability to return.

Please email or scan this completed form and any documentation to the College of Arts and Sciences Associate Dean's Office at tatums@uncw.edu or by fax to (910) 962-7679. For assistance, please call (910) 962-3413.

Student Information:

Name (Last, First, MI):

Date of Birth:

Is the student a patient of yours?

Yes No

Health Care Provider Information:

Date of Initial Appointment:

Date of Initial Diagnosis:

Dates of follow-up appointments:

What was the diagnosis and what impact did it have on his / her ability to carry out their academic responsibilities? For pre-existing conditions, please describe the changes that occurred within the term (Fall, Spring, or Summer Semester) which prevented attendance of classes.



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Request to Withdrawal for Extenuating Circumstances

- Was the patient admitted to the hospital? Yes No If yes, give dates:
Was the patient advised not to work? Yes No If yes, give dates:
Was the patient advised not to attend school? Yes No If yes, give dates:
Was the patient following recommended course of treatment(s)? Yes No If yes, give dates:

What was the recommended course of treatment? Please explain if the patient did not follow recommended course of treatment(s):

Signature and Agreement:

By signing below, I attest that the patient received the care documented above, and it is my professional opinion that the student was not able to attend and / or participate in classes during the duration noted previously. I also understand that I might be contacted to provide more detailed information.

Signature:

Date:

Name:

Title:

Organization:

Phone Number:

Questions? For further assistance with this form, contact the College of Arts and Sciences Associate Dean's Office at (910) 962-3413.