

Retroactive Withdrawal Appeal

Submission of this form initiates the request for a retroactive withdraw. This request is only active for the semester indicated and does not impact overall academic standing with the University. A separate form is required for each semester from which the student wishes to withdraw. Requests of semesters over one year will not be reviewed. Please complete all requested information and return this form to registrar@indstate.edu

Personal Information

_____ Last Name	_____ First Name	_____ MI	_____ University ID # (991-XXX-XXX)
_____ Email Address	_____ Phone Number	_____ DOB	

Withdrawal Information

Withdrawal Term (Choose ONE)	
<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
<input type="checkbox"/> Summer	_____ Year

Retroactive withdrawal refers to a request made by a student to withdraw from a previous academic term after the term has ended. This type of withdrawal is considered only under specific circumstances and requires substantial documentation. Approval is not guaranteed and is subject to institutional review. If approved, it will be processed with an effective date based on documentation received.

- ☐ **Medical:** Student experienced a medical condition that significantly impacted the ability to attend or complete coursework.
Required Documentation: Supplemental I Form (completed by student), Supplemental II Form (completed by a licensed healthcare provider). Both forms must be submitted to the **Dean of Students** office at isu-deanofstudents@indstate.edu.
- ☐ **Military:** Student has been called to active duty.
Required Documentation: A copy of official military orders submitted to registrar@indstate.edu.
- ☐ **Non-Attendance:** Student did not attend or engage in any coursework for ALL courses registered for term in question.
Required Documentation: Registrar will reach out to instructions for the term. Written confirmation from **all instructors** on all enrolled courses must verify that the student did not attend or participate in any academic activities.

Note: Withdrawal requests from international students and student athletes will be routed through appropriate offices for approval prior to processing.

Terms and Conditions

Please read each item carefully and sign that you understand and accept the terms and conditions:

Submission of this form authorizes an exchange of my relevant personal information on my behalf between pertinent University offices in order to complete the withdrawal process.

It is my responsibility to consult with the Office of Student Financial Aid to understand exactly how this withdrawal will affect my financial aid eligibility now and into the future, as well as my overall financial responsibility to Indiana State University.

Based on the effective date of my withdrawal, my academic fees will be adjusted according to Indiana State University's published refund policy as approved by the Board of Trustees. The amount of my refund may be reduced by financial obligations at Indiana State University or to other source(s) of financial aid. My account balance will be viewable through the Student Self-Service Portal.

I have been provided with the "Withdrawal Important Information" document.

I understand that if approved, I will be withdrawn from all of my classes for the requested term in which I was enrolled at Indiana State University:

_____ Student Signature	_____ Date
----------------------------	---------------

OFFICE USE ONLY

_____ Received By		_____ Date		_____ Date Withdrawal Initiated	
_____ Received By		_____ Date		_____ Processed By	
				_____ Date	



Medical Withdrawal Request Form
(Supplemental I – Completed by Student)

Students are limited two Medical Withdrawals for the same condition and no more than three Medical Withdrawals in four years.

PART I - STUDENT INFORMATION

Student's Full Name: _____ Date of Birth: _____
ID#: _____ Phone: _____
Email: _____ Personal Email: _____

PART II - MEDICAL WITHDRAWAL INFORMATION: *can be submitted as a separate attachment*

1. Semester & year requesting Medical Withdrawal: _____
2. Describe the medical reasons that necessitate your reasons for medical withdrawal from Indiana State University and please provide dates medical condition began.
3. Describe the steps you have taken to address/resolve your concerns (i.e. counseling, hospitalization, other treatment, doctor's confirmation of primary care, etc.).

PART III - FINANCIAL AID & SCHOLARSHIPS: *Like other withdrawals, a medical withdrawal, may alter your financial aid and scholarships, even to the extent that you may lose all financial aid. If you received a financial aid refund during the withdrawal semester, you may be required to repay 100% of the refund you received. When a medical withdrawal information is submitted, Indiana State often has no choice but to choose a withdrawal date provided by the medical professional. This withdrawal date cannot be changed after the impact of financial aid is discovered. Indiana State is forbidden from making withdrawal decisions based on impact of financial aid, instead Indiana State can only advise you of potential impact(s).*

1. I have reviewed the [Academic BLUEprint Refund and Withdrawal Schedule](#) for the anticipated withdrawal semester: ____Yes ____No
2. I understand a medical withdrawal may not provide me a tuition & fee refund: ____Yes ____No
3. I lived in Indiana State housing during the semester of this withdrawal appeal: ____Yes ____No
4. I understand my potential financial aid impact: ____Yes ____No
5. Date I contacted the [Office of Student Financial Aid](#) and/or [Scholarship Office](#) in regards to my potential medical withdrawal: _____

PART IV – ADVOCACY

6. I anticipate returning to Indiana State as a student? ____ Yes ____ No ____ Unsure
- a. If yes or unsure: I anticipate returning in (semester & year): _____
- b. I would like a member of the [Sycamore Support](#) team to contact me to advocate for me before & during the semester of my anticipated return? ____ Yes ____ No

PART V – MEDICAL PROFESSIONAL CONTACT INFORMATION: *please complete for each medical professional seen in regards to your condition as listed above. The medical professionals listed here must correspond with those in Supplement II.*

Name of Medical Professional (1): _____
Title: _____
Phone: _____ Fax: _____
Email: _____ Clinic/Hospital Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Name of Medical Professional (2): _____
Title: _____
Phone: _____ Fax: _____
Email: _____ Clinic/Hospital Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Name of Medical Professional (3): _____
Title: _____
Phone: _____ Fax: _____
Email: _____ Clinic/Hospital Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

PART VI - AGREEMENT

I understand and consent to the following: The information in Supplement I and information provided by the medical professionals in Supplement II will be reviewed by the Office of the Dean of Students to determine my potential medical withdraw date. I also understand that the Office of the Dean of Students may share this information with other Indiana State University officials as necessary, but only to the extent necessary to review. I understand the potential impact of my financial aid and/or scholarships that this potential medical withdrawal may have.

Student's Signature: _____ Date: _____

Please return to the [Office of the Dean of Students](#) via: Email ISU-DeanOfStudents@mail.indstate.edu,
Fax (812-237-4693), or mail: Indiana State University, Office of the Dean of Students
Hulman Memorial Student Union, Room 816
550 Chestnut Street
Terre Haute, IN 47809



Medical Withdrawal Medical Professional Form
(Supplemental II)

PART I – STUDENT INFORMATION: *completed by Student or Office of the Dean of Students*

Student's Full Name: _____ Date of Birth: _____

ID#: _____ Phone: _____

Email: _____ Personal Email: _____

Semester & Year requesting Medical Withdrawal: _____

PART II – MEDICAL PROFESSIONAL STATEMENT: *completed by medical professional*

The person listed above is requesting a medical withdrawal from their Indiana State University classes and has authorized you to release information in regards to Supplement II, Part II as stated and signed in Supplement I (see attached). This Medical Professional Statement must be completed by a licensed healthcare provider and submitted to the Indiana State University's Office of the Dean of Students before the requested medical withdrawal can be reviewed. Additionally, please provide a written statement on official letterhead in regards to the student's condition (see question #16). Serious permanent or temporary illness or injury is the only acceptable basis for a medical withdrawal. The medical professional may be contacted to verify information provided. Information contained in this form is considered private and confidential.

Name of Medical Professional: _____

Title: _____ Licensed as: _____

Phone: _____ Fax: _____

Email: _____ Clinic/Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please answer the following to the best of your ability in regards to this student:

1. Your treatment of the student:

____ Psychiatric ____ Psychological ____ Alcohol/Drug ____ Physical ____ Other

2. Based on the treatment in question #1, please describe the serious illness or injury that is preventing the student from completing the semester/term.

3. Why is this illness/injury preventing the student from completing the semester/term?

4. What date did this illness/injury occur? _____

5. What date did this illness/injury worsen (if applicable)? _____

6. Dates of treatment: From _____ To _____

7. Please indicate student's appointment date(s) in regards to this illness/injury.

8. What type of treatment & medications did student receive for this illness/injury?

9. Current status (check one): ☐ Stable ☐ Unstable

10. Requires (check one): ☐ Regular ongoing care ☐ Periodic Follow-up

a. Recommended frequency of continuing care:

11. Prognosis after treatment (check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor

12. Will you continue to provide services for this student? ☐ Yes ☐ No

13. Do you believe that this student is currently a danger to him/herself? ☐ Yes ☐ No

a. If yes, please explain.

14. Do you believe that this student is currently a danger to others? ☐ Yes ☐ No

a. If yes, please explain.

15. When do you believe the student will be well enough to resume his/her academic program?

16. Letter from Medical Professional: Please attach a short explanation on official office letterhead of the student's condition and its impact on the student's ability to complete their course requirements for the semester indicated.

- a. Please indicate whether or not you recommend a medical withdrawal for this student/patient based on their physical or psychological condition.
- b. Letter attached? ____ Yes ____ No

By signing below, I certify all information provided is true, correct, and without personal bias.

Medical Professional's Signature: _____ Date: _____
License #: _____

Please return this form and recommendation letter (see question #16) to Indiana State University's [Office of the Dean of Students](#) via:

- Email ISU-DeanOfStudents@mail.indstate.edu
- Fax (812-237-4693), or
- mail: Indiana State University, Office of the Dean of Students
Hulman Memorial Student Union, Room 816
550 Chestnut Street
Terre Haute, IN 47809

Indiana State University Withdrawal Important Information

A separate Semester Withdrawal Authorization Form must be submitted for each term from which you wish to withdraw. Submission of that form withdraws you only from the semester indicated and does not impact your overall academic standing with Indiana State University.

- The submission of any Semester Withdrawal Authorization Form authorizes the exchange of your relevant personal information on your behalf between pertinent University offices.
- If you are a financial aid recipient that withdraws after a term has started, federal and state regulations require that part of the funds received may be returned to the assistance program. The Office of Student Financial Aid will determine the amount, if any, of your aid to return to the appropriate program based on federal and state guidelines.
- Based on the effective date of your withdrawal, your academic fees will be adjusted according to Indiana State's published refund policy as approved by the Board of Trustees. The amount of your refund may be reduced by financial obligations at Indiana State or to other source(s) of financial aid. Your account balance will be viewable through your Student Self-Service Portal. Your withdrawal does not absolve you from any outstanding financial obligations to the University.
- Your enrollment status as reported to the National Student Clearinghouse will be amended to reflect the effective withdrawal date. If you borrowed student loans while enrolled at Indiana State, this may cause you to enter your grace period and begin repayment of your loans. Federal loan borrowers who graduate or drop below halftime enrollment are required to complete Exit Counseling, an online session that provides details about repayment. Please visit <http://www.nslds.ed.gov> to view your student loan summary and complete Exit Counseling.
- If you have a housing contract with Residential Life, it is your responsibility to cancel your contract. Residential Life can be reached at 812-237-3993.
- If you have a Graduate Assistantship, you should notify the awarding department of your withdrawal.
- If you are receiving Veteran Education Benefits, your certification with the US Department of Veteran Affairs will be terminated based on the effective withdrawal date. You should contact the VA Office at 1-888-442-4551 or go to <http://www.gibill.va.gov> with any questions regarding your education benefits.
- If you are an international student, your withdrawal will not be processed until approved by International Programs and Services consult with IPS at 812-237-2440.
- If you are a student athlete, your withdrawal will not be processed until approved by Athletic Academic Services consult with AAS at 812-237-7601.
- Beginning Fall 2015, no grades are assigned for processed withdrawals prior to the 7th day of fall or spring semester. For course(s) officially withdrawn between the 8th day and the last day to withdraw, the grade of "W" will be auto assigned. Grades of "W" are not included in the GPA calculation. Prior to Fall 2015, if you withdraw prior to 10 weeks into the standard academic term (fall/spring), there will be no grades assigned to your courses. After 10 weeks in a standard academic term you will be assigned grades of W (Withdraw). W grades are not calculated in your term or cumulative GPA. Specific deadline dates for withdrawals with no grades assigned are published each term in the Academic BLUEprint at: <https://catalog.indstate.edu/>
- You will remain an active student in the Indiana State University system for a two (2) year period from that last term you completed. You will need to be readmitted through the Office of Admissions only after two (2) calendar years have passed since the last term you completed at Indiana State. If two (2) years have not passed, you should be eligible to register during normal registration periods.