



Medical Withdrawal Documentation

The LTC's Office of Learning Resources (OLR) works with any student seeking to medically withdrawal from the university. This form can be shared by the student with the service provider in order to document the need for a medical withdrawal.

Part A: TO BE COMPLETED BY STUDENT

Family/Last Name: _____ First Name: _____

Student ID: _____ Phone: _____

Date of Birth: _____ Semester of Request: _____

Current Address: _____
Street name & Number City State Zip
(Where you live while attending University of Dayton)

Part B: TO BE COMPLETED BY LICENSED MEDICAL/PSYCHOLOGICAL PROFESSIONAL

Date of onset: _____ Date under your care: _____

General description of the illness/condition and treatment

Why or how this has prevented or will prevent the student from completing academic work and/or from functioning effectively in the university's living community

Recommendation (select one):

_____ A reduced course load. Student will take at least half of a full course load (half = 6-8 credits for undergraduates, 3 credits for graduates).

_____ No courses. Student cannot take will any classes at this time.

Provider Signature: _____ Date: _____

Print name: _____

Specialty: _____

This form should be returned to the Office of Learning Resources via fax (937-229-3270), email: disabilityservices@udayton.edu, hand deliver (Room 023 Roesch Library) or mail (University of Dayton, Attention Office of Learning Resources, 300 College Park, Dayton Ohio 45469-1302)