Request for Withdrawal from a Course

for Health Reasons

(Complete this form and return to asc@dickinson.edu)

1. Your Name and anticipated Graduation Year

2. The course from which you request a withdrawal for Health Reasons:

3. Provide in list form the dates and associated actions or events that prohibit you from remaining in and completing the course.

4. List the names of those persons who will be responding to your statement and their role in your situation (i.e., advisor, professor, etc). ***NOTE: Your academic advisor(s) must always respond, although you may limit the amount of health-related information you disclose to your academic advisor. If you wish for increased privacy, please contact Damon Yarnell, Associate Provost and Executive Director of the Center for Advising, Internships & Lifelong Career Development. You must also authorize your treatment provider to release all relevant documentation regarding this request. That should be sent to*** ***asc@dickinson.edu******.***

**Student: it is your responsibility:**

* to sign all necessary releases for your treatment provider to communicate with the College (both the Academic Standards Committee and the Wellness Center).
* to ensure that your treatment provider has the necessary documentation form and knows to submit it to asc@dickinson.edu.
* to provide every respondent with a copy of this form and to discuss it with them so that they are fully informed.
* to ask them to respond to the request. NOTE: A response is required and does not guarantee the respondent’s support for your request.
* to remind them to email the response to asc@dickinson.edu.

Form revised 11/24/20