



FALL \_\_\_\_\_  
 SPRING \_\_\_\_\_  
 SUMMER \_\_\_\_\_

**Supportive Services  
 Allegheny Campus**  
 L114  
 808 Ridge Avenue  
 Pittsburgh, PA 15212  
 412.237.4612  
 fax: 412.237.2721

**Supportive Services  
 Boyce Campus**  
 N560  
 595 Beatty Road  
 Monroeville, PA 15146  
 724.325.6604  
 fax: 724.325.6733

**Supportive Services  
 North Campus**  
 N1008  
 8701 Perry Highway  
 Pittsburgh, PA 15237  
 412.369.3686  
 fax: 412.369.3661

**Supportive Services  
 South Campus**  
 B311  
 1750 Clairton Road  
 West Mifflin, PA 15122  
 412.469.6215  
 fax: 412.469.6357

## REQUEST FOR MEDICAL WITHDRAWAL

### Student Certification

**STUDENT RESPONSIBILITIES:**

1. **Contact the Financial Aid Office** at any campus to determine if or how a Medical Withdrawal could potentially deem you ineligible to receive future aid. **You will be financially responsible for any outstanding charges to your student account.**
2. Complete the Request for Medical Withdrawal—Student Certification.
3. Have your physician or licensed professional complete the Request for Medical Withdrawal—Physician/Mental Health Professional Certification.
4. Return both completed forms to one of the Supportive Services locations listed above. **Both forms must be received by the college before any requests for medical withdrawals can be processed.**

**GENERAL INFORMATION:**

- Medical Withdrawal assumes all courses for the current semester will be designated as a "W" on your official transcript; however, the director of Supportive Services, in consultation with the student's physician, may identify specific courses that can be maintained.
- To maintain student confidentiality, courses identified on the petition for Medical Withdrawal are marked as "W" on academic transcripts and are considered an attempt to successfully complete the course. No additional notation is specified on the academic transcript indicating a student withdrew from a course due to medical reasons.
- Medical withdrawals must be submitted by **"the last day of class per student's schedule"** for the semester in which the medical situation occurred. The last day of class may not be the same for all courses on your schedule. If the end date has passed, you will not be eligible to petition for a Medical Withdrawal for those courses that have ended prior to receipt of completed Medical Withdrawal documents.
- The Directors of Supportive Services will recommend approval or denial of the request based on the nature of the illness on the physician/mental health professional's statement. The physician/mental health professional's signature does not necessarily constitute approval.
- The college reserves the right to verify the authenticity of all requested information and signatures.
- The Financial Aid Office will adjust financial aid awarded in accordance with Federal guidelines and the Title IV Refund Policy for the semester for which the withdrawal is requested.
- **There is no adjustment to tuition and fees related specifically to a medical withdrawal. You remain financially responsible for all charges to your student account, and any adjustment of tuition and fees would follow the stated dates in the academic calendar and are in accordance with the college's drop policy.**
- Please reference the *Community College of Allegheny County Student Handbook* for complete Medical Withdrawal policy and procedure.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List each course to be included in the Medical Withdrawal below:

COURSE NUMBER	SECTION NUMBER	COURSE TITLE	CREDITS

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nondiscrimination Policy:**The College does not discriminate and prohibits discrimination against any individual based upon race, color, religion, national origin, ancestry or place of birth, sex, gender identity or expression, perceived gender identity, sexual orientation, disability, use of a service animal due to disability, marital status, familial status, genetic information, veteran status, age or other classification protected by applicable law in matters of admissions, employment, services or in the educational programs or activities that it operates. Harassment that is based on any of these characteristics, whether in verbal, physical, or visual form, constitutes a form of prohibited discrimination. This includes harassing conduct which affects tangible job benefits, unreasonably interferes with an individual's academic or work performance, or which creates what a reasonable person would perceive to be an intimidating, hostile or offensive work or educational environment.

Employees, students, third-party vendors and guests may report conduct that is believed to be in violation of this Policy or applicable law by contacting the College's Office of Human Resources, the Title IX Coordinator/Civil Rights Compliance Officer or such other officials as may be designated in other Board policies or administratively issued regulations and procedures. The College prohibits and will not engage in retaliation against any person who in good faith reports a violation of this Policy, provides information in an investigation of a potential violation, or otherwise engages in protected activity under the law.



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**REQUEST FOR MEDICAL WITHDRAWAL**

**Physician/Mental Health Professional Certification**

Please return the completed Physician/Mental Health Professional Certification to Supportive Services locations listed above.

I authorize my physician/mental health professional to release the information requested for my medical withdrawal from the Community College of Allegheny County for this current semester. I understand that the information provided will be handled in a confidential manner and in compliance with HIPAA.

Patient Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY A QUALIFIED, LICENSED PROFESSIONAL**

Diagnosis: \_\_\_\_\_

Dates under your care for this particular illness: \_\_\_\_\_

Hospitalization date(s), if applicable: \_\_\_\_\_

Reason why this student is unable to complete the academic semester due to this particular illness:

Physician/Specialist: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional License ID #: \_\_\_\_\_

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