



Student Request for Medical Withdrawal

Incomplete forms cannot be processed

Student's Full Name: _____ UU ID #: _____

Email Address: _____ Cell #: _____

Term/Semester to Withdraw: _____ Today's Date: _____

Describe how or why the medical emergency has/have interfered with your academic performance:

When did your medical-related concrrlat(m)-3.995 g/72()6.0 co (er)-5 (g)5.996 (c pe)7.998s (at)-5 (evo (er)-5 04el)-5 v(s

Questions related to Financial Aid: Student Financial Planning | (731) 661-5015 | finaid@uu.edu

Questions related to Tuition/Refund: Student Accounts, Business Office | (731) 661-5299 | tgiddens@uu.edu