

## Late Medical Withdrawal Request

**What is a Late Medical Withdrawal?** Before the last day for a withdrawal (see academic calendar), any student who cannot complete his/her currently enrolled courses for any reason, including medical, may withdraw by completing the Drop/Withdrawal form in Etrieve. If, however, the deadline to withdraw has passed, a student who wishes to appeal for a late withdrawal for medical reasons may do so by completing this form.

**What Does a Medical Withdrawal Do?** If approved, a grade of "W" will be assigned for all in-progress courses. The W-grade is GPA neutral.

**What Documentation is Required?** A student seeking a late medical withdrawal must provide pertinent documentation from a licensed health care provider. The documentation should be submitted at the same time as this form. Qualifying medical events apply only to the student (not the student's family members or friends). Please understand, a late medical withdrawal will not be considered without pertinent documentation.

**When Can I Request a Late Medical Withdrawal?** The withdrawal can be requested after the last day to request a W-grade (see academic calendar) through one calendar year after the semester/term ended during which the medical event occurred.

**Where/How Do I Submit this Form?** To the Records Office (Room 111, Charles Spencer Administration Building). The following methods of submission are acceptable.

- 1.) *Postage Mail:* ECU Records Office; Administration Building (Room 111); 1100 E. 14<sup>th</sup> St, PMB J-8; Ada, OK 74820.
- 2.) *ECU Email:* Only the student's personal ECU email address will be accepted. If submitted via this method, the form should be emailed to [registrar@ecok.edu](mailto:registrar@ecok.edu). In this case a typed signature will suffice – the ECU email address will verify the sender. Any student submitting this form within the above stated and allowed time frame should have access to their ECU email address.
- 3.) *In Person:* The form may be submitted in person to the ECU Records Office.

**Please acknowledge the following statements by checking the boxes. The form will not be accepted without these acknowledgements.**

I understand that completion of this form WILL NOT drop me from any courses I may be enrolled in for future academic terms. I understand that if I am enrolled in such courses, and I do not plan to attend, it is my responsibility to drop online prior to the last day for a refund (see academic calendar). I also understand that if I am unsure how to drop online it is my responsibility to seek assistance. Furthermore, I understand that if I fail to request a drop for future term courses, I will be responsible for all related monies owed. I will not be granted forgiveness for my bill at a later date.

I have included all pertinent documentation for review that is available for me.

**Student Name: (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student ECU ID Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Note: When received in the Records Office, this form and all associated documentation provided by the student is to be delivered to the Registrar. The Registrar will coordinate with Academic Affairs for a review of the request.*