

Fox School of Business and Management
Request for a “WE”: Excused Withdrawal
(Student Completes)

Name _____ TU ID# _____

Address:

Phone: _____ E-mail: _____@temple.edu

Major: _____

Semester (circle one):	Fall	Spring	Summer I	Summer II	Year: _____
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ATTACH A COMPLETED REGISTRATION/ SCHEDULE REVISION FORM.

Use an additional sheet or write on the back of this form to explain why this exception is necessary. Please attach required documentation (if necessary) Instructions for required documentation are attached. All petitions will be reviewed in compliance with academic policies and procedures set by Temple University found at: <http://www.temple.edu/bulletin/>

Please review the appropriate policy before submitting your petition. Incomplete forms or missing documents will delay your response.

Circumstance	Documentation
1. Serious medical circumstance	Note from physician on physician’s stationary.
2. Serious family emergency	Note from physician on physician’s stationary or appropriate comparable documentation.
3. Change in employment or work location (beyond student’s control)	A letter on company stationary from the employee’s Human Resources or Payroll office confirming mandatory change of hours or employment location.
4. Other	Applicable documentation.

If you are requesting a excused withdrawal “WE” before the 9th week of the Fall/Spring semester or 4th week of the Summer semester, you must circle one of the following withdrawal options if your request is **not approved:**

1) Process this request as a “W” (Withdrawal).

Please note: This is **not** an option for a student who has 5 withdrawals (W) since and including the Fall 2003 semester or who has withdrawn from the course(s) previously.

2) Leave me in the course(s).

Student’s Signature: _____ Date: _____

Instructions for Temple University Students Seeking Medical Withdrawal (WE) from Classes.

(Rev. 4/14/04)

(Please give a copy of these instructions to your physician—or appropriate medical or mental health practitioner—when you request documentation needed to support your request for a medical withdrawal.)

Background:

The use of excused medical withdrawals (WE) is designed for students who experience the onset of acute or chronic medical conditions that prevent them from continuing with their studies. The provisions for the use of (WE) are not designed to address the typical stresses, as challenging as they may be, that may occur in taking academically demanding courses—or as a remedy to difficulties students may be having in one or more courses. Remember, that up until the second week of term, you can drop courses with no record; and up until the ninth week of term, you can withdraw from a course (W), using one of your five career course withdrawals and without documentation. Toward the end of term, you can explore with your adviser and instructor whether an Incomplete grade (I) is possible or feasible.

When considering any kind of withdrawal, be advised that reducing your credit load can affect your eligibility for financial aid or insurance, or progress towards your degree, and for international students, your student visa status. Certain other restrictions apply. Consult carefully with your academic adviser, instructor, and Financial and International Services before deciding to withdraw.

Petitions

Petitions for medical withdrawals (WE) must be approved by your Dean's Office. The Advising Office of your school or college should assist you with submitting a WE petition and with informing you about necessary documentation.

Ordinarily a medical withdrawal, if approved, is for all classes in a term. Under certain unusual circumstances, where the medical problem is directly related to or attributed to a single course, a 'WE' can be approved for that course.

If you are seeking approval of your Dean's Office for a medical withdrawal, you must provide a written (FERPA) release to your adviser or to the Dean's designee giving him or her permission to discuss your case (by telephone, fax or letter) with your medical provider. (Your medical practitioner may also require a release from you in order to share information with your academic adviser or other Temple staff.)

Required Documentation from the Student's Physician, Medical or Mental Health Provider:

- Documentation must be typed and submitted on official letterhead from a qualified medical professional, must include the professional's medical license number, an office telephone number and address, and signature.
- Documentation must contain a specific diagnosis and should indicate how the medical condition affects the student's ability to attend class or complete academic course work. Detailed descriptions of confidential medical data or details of diagnoses, however, are not requested, expected or appropriate. The documentation should state whether the condition is chronic or acute.
- The letter should identify the last day the student was able to attend classes and a clear statement that—in the professional opinion of the medical provider—the student was unable to attend classes from that date for the rest of the term because of the stated medical condition.

Next Steps for the Student Seeking a Medical Withdrawal (WE)

When you have received medical documentation from your provider, take it to your academic adviser in your school or college as soon as possible.

If your medical condition is chronic, you may be referred to Disability Resources and Services in the Division of Student Affairs for appropriate follow-up. This office can assist in evaluating your needs and helping you prepare for your eventual return to classes.

In some cases, follow up will be required from your medical provider to confirm that you are recovered and medically fit to resume taking classes at the University. Such clearance letters may include a general description of your treatment, prognosis and the medical professional's recommendation for specific conditions necessary for your health and academic success upon your return.

Once your petition for medical withdrawal has been received, your School or College Deans Office will approve or reject your petition. If approved, the petition will be sent forward to the Office of Academic Records for posting of the 'WE,' on your registration record. Your medical documentation may be sent to the Office of Disability Resources and Services. If your petition is rejected, your adviser will inform you of the reason(s) why and work with you on appropriate academic strategies for the future.

REQUEST, AUTHORIZATION AND CONSENT
FOR RELEASE OF RECORDS AND WAIVER

I, _____, intending to be legally bound, authorize the release
(student name)

of educational records or information from educational records relating to me and

maintained by Temple University to: _____

_____ for the purpose of

Evaluating a petition for a Dean's Withdrawal with Excuse ('WE') from one or more courses

and make this release and waiver understanding my right to prevent disclosure of

information from my educational records under the United States Family Educational

Rights and Privacy Act of 1974.

Student Name _____
(print)

Student Name _____
(signature)

TU id _____

Date _____