



Use this form to request a withdrawal from specific courses or an entire semester due to a medical problem or condition that substantially interfered with your ability to meet academic responsibilities. Documentation of the period of ailment must be included with the request, provided by the Schiffert Health Center, Cook Counseling, external medical provider, or other relevant entity. The request will be reviewed by the Dean of the Graduate School.

### Student Information

Last Name/Surname: \_\_\_\_\_ First/Given Name: \_\_\_\_\_

Last 4 digits of VT ID: \_\_\_\_\_ Email address: \_\_\_\_\_

Citizenship: ☐ U.S. Citizen or Permanent Resident ☐ Non-U.S. Citizen; list visa status \_\_\_\_\_

### Request details

Describe the time period during which you have experienced the medical/mental health problems that interfered with your studies. Attach documentation of the period of treatment by a medical provider, or any other relevant information.

---

---

---

Requested relief: ☐ Courses to drop: \_\_\_\_\_  
(list course(s), number and CRN)

☐ Medical withdrawal from the semester

Term for which relief is requested: ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

Last date you attended class(es): \_\_\_\_\_ ☐ I did not attend any classes

### Signatures

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**Graduate School decision:** Withdrawal effective date \_\_\_\_\_

\_\_\_\_\_  
Graduate School

\_\_\_\_\_  
Date (MM/DD/YY)

Submit your completed form:

**<http://gs.vt.edu/forms>**

120 Graduate Life Center, Blacksburg

VT ICAB1, 3625 Potomac Ave, Alexandria