

MEDICAL WITHDRAWAL FROM THE UNIVERSITY

A student may initiate a Medical Withdrawal from the University by contacting the Registrar's Office in the Timme Center for Student Services. A [Medical Withdrawal](#) results in a student being [withdrawn from all classes](#) for either a part of a term/session or full semester. Medical Withdrawals will result in the grade of "MW."

If a Medical Withdrawal is initiated after the end of a semester, or if a student is attempting to change an Academic Withdrawal to a Medical Withdrawal, all required forms and medical documentation must be submitted to the [Birkam Health Center](#) no later than January 1 of the following year for Fall Semester, June 1 of the same year for Spring Semester, or September 1 of the same year for Summer Semester.

Grades awarded for part of a term/session courses completed on or before the effective Medical Withdrawal date will remain as assigned and credit will be given for those courses. Examples would be courses in session A, or session B. Within the part of term/session, the Medical Withdrawal is effective when the student is/was no longer able to attend classes due to documented medical reasons. Upon receipt of all required documentation as described in the Medical Withdrawal Packet, (specifically, the Request to Withdraw from Ferris State University for Health Reasons form and the required documentation), the Birkam Health Center will submit a Medical Withdrawal to the Registrar's Office.

Students who receive a Medical Withdrawal effective fall or spring semester, and wish to return to the University, must reapply for admission and financial aid. The Birkam Health Center will place a "Medical Hold" on the student's record, preventing the student from registering for future semesters, until the hold is cleared by the Birkam Health Center as explained in the Medical Withdrawal Packet (specifically, the student needs to fill out the Request to Lift Registration Hold after a Medical Withdrawal form and provide the required documentation). Summer semester Medical Withdrawals may or may not affect a student's fall class schedule or financial aid as the student is not required to reapply for admission.

The withdrawal process is the responsibility of the student and will be initiated by the Registrar's Office. The Dean of Enrollment Services will review exceptions to all withdrawal policies. To remain in compliance with federal regulations, the University may change withdrawal policies without prior notification.

FERRIS STATE UNIVERSITY

BIRKAM HEALTH AND
COUNSELING CENTERS

Total Withdrawal for Medical Reason(s) Checklist

The following items are required in order for a student to complete the request for a total withdrawal from Ferris State University for a medical reason. Please contact the listed department with any questions regarding these steps.

_____ Speak with Registrar's office about total withdrawal and possible implications.

Registrar's Office: Ph: (231) 591-2792

_____ Contact the Office of Housing and Residence Life if you are currently living in campus housing to discuss timeline for vacating residence.

Office of Housing and Residence Life: Ph: (231) 591-3745

_____ Review "WITHDRAW FROM ALL CLASSES – THINGS TO CONSIDER" from Office of Scholarships and Financial Aid.

Student Financial Services: Ph: (231) 591-3945 (Debi Whitman)

_____ Review and complete "REQUEST TO WITHDRAW FROM FERRIS STATE UNIVERSITY FOR HEALTH REASONS" packet and return to Birkam Health & Counseling Center.

Birkam Health & Counseling Centers: Ph: (231) 591-5968

_____ Retrieve signed recommendation letter from your licensed medical provider and return to Birkam Health & Counseling Center.

Birkam Health & Counseling Centers: Ph: (231) 591-5968, Fax: (231) 591-5970

Once these steps have been completed, your medical withdrawal will be processed through the necessary departments. A confirmation will be sent to your Ferris State University email account when the Medical Withdrawal is complete. Contact the Registrar's office for updates regarding your request.

FERRIS STATE UNIVERSITY

BIRKAM HEALTH AND COUNSELING CENTERS

Request to Withdraw from Ferris State University For Health Reasons

A health withdrawal is a complete separation from the University (not a leave of absence). Once a student has withdrawn from the University, he/she must apply for readmission through the Admissions Office. A letter from a licensed health professional will be required to verify that the student is mentally and physically able to return to the University and have a successful semester.

Withdrawal is requested for: _____ Fall Year: _____
_____ Spring
_____ Summer

I, _____, _____,
Student's Full Name (printed) Student Number

request a withdrawal from Ferris State University for health reasons.

I have read and understand the information regarding "Total Withdrawals" from the University and "Withdrawal from All Classes – Things to Consider" (available at <http://www.ferris.edu/htmls/administration/businessoffice/withdrawal.htm> and <http://www.ferris.edu/HTMLS/administration/businessoffice/WithdrawalThingstoConsider.pdf>).

I understand that if this request is approved, it is effective immediately and may not be rescinded.

Signature Date

FSU Email Address @ferris.edu

Permanent Address: _____

Phone: _____

College: _____ Arts & Sciences _____ Business
_____ Education & Human Services _____ Engineering Technology
_____ Health Professions _____ Kendall
_____ Optometry _____ Pharmacy
_____ Retention and Student Success _____

Program: _____

1019 Campus Drive
Birkam Health Center
Big Rapids, MI 49307

Health Center
Phone: 231.591.2614
Fax: 231.591.5970

Personal Counseling Center
Phone: 231.591.5968
Fax: 231.591.5970

FERRIS STATE UNIVERSITY

BIRKAM HEALTH AND
COUNSELING CENTERS

Request to Lift Registration Hold after a Medical Withdrawal

To return to the University after a Medical Withdrawal, a student must apply for readmission through the Admissions Office. A letter from a licensed health professional is required to verify that the student is mentally and physically able to return to the University and have a successful semester.

Return is requested for: _____ Fall Year: _____
_____ Spring
_____ Summer

I, _____, _____,
Student's Full Name (printed) Student Number

request to have the registration hold lifted from my account.

I understand that this request only lifts the registration hold placed on my account after taking a Medical Withdrawal. I will need to contact the following offices regarding any further documentation required to return to the University.

Admissions: (231) 591-2100
Financial Aid: (231) 591-2110
Housing & Residence Life: (231) 591-3779

Signature Date

FSU Email Address @ferris.edu

Permanent Address: _____

Phone: _____

College: _____ Arts & Sciences _____ Business
_____ Education & Human Services _____ Engineering Technology
_____ Health Professions _____ Kendall
_____ Optometry _____ Pharmacy
_____ Retention and Student Success _____

Program: _____

1019 Campus Drive
Birkam Health Center
Big Rapids, MI 49307-2280

Health Center
Phone: 231.591.2614
Fax: 231.591.5970

Personal Counseling Center
Phone: 231.591.5968
Fax: 231.591.5970

SAMPLE LETTER OF SUPPORT FOR MEDICAL WITHDRAWAL

Successful letters in support of medical withdrawal identify the following six points:

1. Student name
2. Date of first visit/treatment during the semester of requested withdrawal
3. Period of treatment during the semester the withdrawal is requested
4. Recommendation for withdrawal for medical reasons (*specific diagnosis &/or medical reason is not required*)
5. Original document with signature and license number of professional (*must be licensed medical provider, i.e. M.D., D.O., N.P., PA-C, PhD., L.P.C., M.S.W, etc*), on letterhead with contact information.

DATE: Date of Letter

To: Director of Health Services
Birkam Health Center and Personal Counseling Center
1019 Campus Drive, BHC 210
Big Rapids, MI 49307

RE: Medical Withdrawal

Re: Student Name

From: Provider, License Number (contact information)

Ms. Student has been my patient since September 2013 seeking treatment. On July 7, 2014 I met with Ms. Student and at that time it was determined that she would be unable to complete her (Fall, Spring, Summer) coursework. Please accept my recommendation for her request for medical withdrawal for the (Fall, Spring, Summer) session for which she was enrolled.

SAMPLE LETTER OF SUPPORT FOR MEDICAL LEAVE

Successful letters in support of medical leave identify the following six points:

1. Student name
2. Date of first visit/treatment during the semester of requested leave
3. Period of time the student will not be able to attend classes
4. Date the student will return to classes
5. Recommendation for leave for medical reasons
6. Original document with signature and license number of professional (*must be licensed medical provider, i.e. M.D., D.O., N.P., PA-C, PhD., L.P.C., M.S.W, etc*), on letterhead with contact information.

DATE: Date of Letter

To: Director of Health Services
Birkam Health Center and Personal Counseling Center
1019 Campus Drive, BHC 210
Big Rapids, MI 49307

RE: Medical Leave

Re: Student Name

From: Provider, License Number (contact information)

Ms. Student has been my patient since September 2013 seeking treatment. On July 7, 2014, I met with Ms. Student and at that time it was determined that she would need to take a leave of absence from school. Ms. Student will be unable to attend classes between July 7, 2014 and July 14, 2014. She will return on July 15, 2014 to complete her coursework. Please accept my recommendation for her request for a medical leave for the (Fall, Spring, Summer) session.

SAMPLE LETTER OF A MEDICAL RELEASE TO RETURN TO SCHOOL AFTER A MEDICAL WITHDRAWAL

Successful letters of a medical release to return to school identify the following six points:

1. Student name
2. Date of Medical Release to return to school
3. Recommendation for return to school
4. Original document with signature and license number of professional (*must be licensed medical provider, i.e. M.D., D.O., N.P., PA-C, PhD., L.P.C., M.S.W, etc*), on letterhead with contact information.

DATE: Date of Letter

To: Director of Health Services
Birkam Health Center and Personal Counseling Center
1019 Campus Drive, BHC 210
Big Rapids, MI 49307

RE: Medical Release

Re: Student Name

From: Provider, License Number (contact information)

Ms. Student has been my patient since September 2013 seeking treatment for a health condition. In the (Fall, Spring, Summer) semester, Ms. Student requested to take a Medical Withdrawal from school. At that time, it was determined that Ms. Student would be unable to complete her coursework for the (summer) term. Her condition has now stabilized and as of November 1, 2014, she may return to her studies at the university and successfully resume her coursework in the next possible term.