

# MEDICAL | Late Drop/Withdraw Request (LDWR)

Non-Residential Campuses Only



**DOANE**  
UNIVERSITY

**Committee:** Meets weekly on Wednesday. You will be notified via Doane email of the decision.

**Catalog Policy:** If a student withdraws from a course prior to census day, the course will not appear on the students' transcript. If the student withdraws after census day and prior to the withdraw deadline, the transcript will indicate a "W" (withdrawal) grade for that course. If the student requests a withdrawal after the withdraw deadline and is denied by the committee, the transcript will indicate the earned grade for that course.

**Withdraw Options:** (More information found in the [Catalog](#))

## Medical – Must include medical documentation.

- A medical withdrawal is granted in rare instances where a student is faced with a serious and unexpected condition that completely precludes them from being able to function as a student and in which the regular university withdrawal process is not appropriate. A medical withdrawal applies to *all* courses taken during a term/semester unless specific explanation is provided that describes how the medical reason for the withdrawal affected only specific course(s).
- The following are not considered extenuating circumstances:
  - Medical condition or chronic illness known to the student at the time of enrollment (unless unforeseen symptoms or relapse occurs; this will be determined on a case-by-case basis).
  - Initially enrolling in a course while knowingly employed full-time or attempting to work one or more part-time jobs. This includes changes in work schedules that conflict with class schedules.
  - Change of major or transferring to another institution.
  - Inability (for any reason) to pay your tuition bill or delays in financial aid notification.

## Submission Steps:

- **Medical LDWR Form completed and sent to Health and Wellness Director.**
  - Written Statement Expectations:
    - Explain in detail how/why the medical condition/circumstances prevent you from completing the academic term.
    - If you have stopped attending classes, explain why and when. (Please note, nonattendance does not exempt you from academic and financial responsibilities.)
    - Explain what relief you are seeking from this request. Be as specific as possible.
- **Request letter/documentation from medical professional.**
  - Medical documentation must describe the diagnosed medical condition or circumstances and indicate when treatment commenced. Also explain how the severity of the condition completely prevents the student from attending classes and completing the term.
  - If possible, instruct your provider to email or fax documentation directly to the Health and Wellness Director. Information sent directly from a medical professional to our Health and Wellness Director will not be included in your academic record.
- **Confirm your intent to withdrawal to your academic advisor.**
  - No need to explain the medical situation, just notify them that you have submitted your medical withdraw information.

## IMPORTANT Notes:

- **If you have completed 60% or less of the semester, Doane will be required to return a portion of your federal financial aid, including PELL grants, and loans to the government. This may create a balance for you to payback Doane.**
- Students who are receiving veterans, and/or military benefits and who are considering withdrawing from the University should notify the Director of Veteran/Military Student Services before withdrawing since there may be certification, and/or repayment penalties associated with doing so.
- This form and any medical documentation needs to be sent directly to the Director of Health and Wellness; the Director will then make a recommendation to the withdraw committee. Information sent from the student will become part of the students academic record and is covered under [FERPA](#).

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*To be completed by student.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_ Advisor \_\_\_\_\_

Term \_\_\_\_\_ Type: Medical

Course(s) \_\_\_\_\_

Please Check Yes or No:

Do you receive Financial Aid or Veteran benefits?	FA	VA	No
Do you receive employer reimbursement?	Yes		No
Have you discussed this with your advisor?	Yes		No
Medical documentation requested?	Yes		No

**Personal written statement:**