

Dear Health Services Provider:

_____ is requesting a withdrawal from NC State for the _____ semester based on psychological and/or medical concerns.

This withdrawal allows the student to drop ALL of his/her courses for the above semester. The following information is needed to document the seriousness of the student's medical and/or psychological difficulties and the impact these concerns have had on his or her academic functioning for the specified semester:

1. Diagnosis and/or description of the problem including: date of onset, actual or estimated duration, and the degree of incapacitation.
2. The degree to which the problem caused a disruption in the student's academic functioning (i.e., class attendance, ability to do homework, etc.) for the specified semester.
3. Your recommendation regarding the appropriateness of a withdrawal for this student. Please provide this documentation on your letterhead and provide to the student who will then submit it with their withdrawal request.

The withdrawal request includes the student's authorization and release for medical or mental health professionals at NC State to discuss the information with University officials.