

Rider University

Class Medical Withdrawal Form

WITHDRAWAL WITH VALIDATED REASONS OF PHYSICAL OR PSYCHOLOGICAL INCAPACITY

___FALL ___SPRING ___JTERM ___SUMMER I ___SUMMER II 20___

LAST	FIRST	MIDDLE	BRONC ID#	MAJOR
DEPT. & COURSE #	SECTION	COURSE TITLE	INSTRUCTOR'S NAME	

The above student will receive a “W” grade in the above course. All withdrawals remain on the permanent record.

The student must first get approval from the Dean of Students before getting final approval from the Academic Dean.

Dean of Students Signature	Date
Academic Dean's Signature	Date

Student's Signature	Date
Registrar's Signature <i>(Not official unless signed by the Registrar)</i>	Date