

Criteria for Acceptable Medical Documentation

The following is a list of all the elements that are required for medical documentation to be considered sufficient to support a medical withdrawal request.

- **Provider Credentials:**

- Documentation must be written and signed by a licensed medical or mental health provider and must include the provider's medical license number.

A Medical or Mental Health provider is defined as:

- Medical Doctor, MD
- Doctor of Osteopathy, DO
- Physician Assistant, PA
- Nurse Practitioner, NP
- Licensed Psychologist, Ph.D. Psy.D.
- Licensed Professional Clinical Counselor, LPCC
- Licensed Marriage and Family Therapist, LMFT
- Licensed Clinical Social Worker, LCSW

Documentation from healthcare providers not explicitly listed above—such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Medical Assistants, chiropractors, or acupuncturists, etc., will not be accepted as valid documentation.

- **Facility Information:**

- The document must be written on the official letterhead or include a facility stamp with the phone number and address of the medical or mental health facility.

- **Patient Identifiers:**

- The documentation must contain the patient's name and date of birth or Campus Wide ID#.

- **Clear identification of the medical condition/diagnosis:**

- The documentation must specify the condition/diagnosis that is impacting the student's ability to perform and succeed academically.

- **The relevant timeframe of the condition:**

- The documentation should identify the time period during which the condition has affected the student including any hospitalizations if applicable. These dates must coincide with the petition.

- **A statement regarding how the condition affects academic performance:**

- The letter must describe how the condition impairs the student's ability to function successfully in their courses and why or how the condition prevents the student from completing your coursework.

- **A recommendation regarding withdrawal:**

- The letter must include a statement from the provider supporting or recommending the withdrawal from the semester and course(s) in question. Please note, when a partial withdrawal is requested, the documentation must specify which courses the provider recommends for withdrawal.

- **Validation:**

- The letter must be signed, dated by the treating medical/mental health care provider and include their license number; electronic signatures are accepted. If applicable, the signature and license number of the supervising professional is also required. An office stamp is required when submitting the provided form.

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Note: The following items are **not** sufficient medical documentation for a medical withdrawal petition:

- Medical or clinical chart notes
- Lab results
- X-rays
- Hospital records
- Discharge papers
- Visit Summaries
- Attendance Verification
- DSS Approval Letter
- Medical bills
- Police reports
- Prescriptions/medication lists
- Medically related images or photographs
- Personal statements