



**UNDERGRADUATE MEDICAL WITHDRAWAL REQUEST FORM  
NJCU COUNSELING CENTER**

***Student Information (please print):***

Name: \_\_\_\_\_ Birth date : \_\_\_\_\_ Gothic ID #: \_\_\_\_\_  
month/day/year

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Please read and initial each statement.***

\_\_\_\_\_ The Registrar's deadline to withdraw from classes for this semester has passed (see NJCU Academic Calendar).

\_\_\_\_\_ The semester I want to withdraw from has not yet ended (see NJCU Academic Calendar).

\_\_\_\_\_ I understand that I must withdraw from ALL my classes for the semester.

\_\_\_\_\_ I have enclosed a letter from my healthcare provider, written on their professional stationery or prescription pad, that indicates my health condition and specifically states that I should not continue school for the remainder of the semester.

\_\_\_\_\_ I have scheduled a meeting with the Director of the Counseling Center regarding my withdrawal.

\_\_\_\_\_ I understand that ALL of the above conditions must be met BEFORE THE LAST DAY OF THE SEMESTER in order for my medical withdrawal to be processed by the Director of the Counseling Center.

***I hereby request a medical withdrawal from New Jersey City University for the current semester.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_