OFFICE OF THE DEAN OF STUDENTS
ACADEMIC STUDENT SERVICES

Medical/Personal Withdrawals Procedures

I. If you are requesting a medical/personal withdrawal within the current semester, the following is required:

1. **You must withdraw yourself from all registered class(es) from that semester.** If you are not physically able to do this, a member of your family could be requested to do so, or a designee of your choice with proper identification.

2. You must fill out a Medical/Personal withdrawal form and **attach all supporting documents.** Form **must** be signed by the student.
   *If you would like to be considered for a tuition refund, the refund request must be in writing.*

3. Medical reasons will require an original note from your doctor stating you were under their care during the time of your absences, the nature of your illness, and the fact that this prohibited you from completing the semester. This letter cannot be faxed and must be sent directly from your doctor’s office to the Dean of Students’ office.

4. Personal reasons will require documentation that will support your reasons. I.e. court papers, death certificates, etc.

5. Supply any additional documentation that you feel will support your case.

Medical/Personal withdrawal requests should be sent to:

**Office of the Dean of Students**
Nassau Community College
CCB Room 312
1 Education Drive
Garden City, NY 11530-6793

*Request for tuition refunds are evaluated by the President’s Refund Committee. An excused withdrawal granted by the Dean of Students has no bearing upon the decision of the Refund Committee*

If you have any questions, please call the Dean of Students office at (516) 572-7376.
OFFICE OF THE DEAN OF STUDENTS  
ACADEMIC STUDENT SERVICES  

MEDICAL/PERSOHAL WITHDRAWAL FORM

NAME: ____________________________  Student ID: _____________

ADDRESS: ____________________________________________________

TELEPHONE: _____________________________________________________

Semester applying for:

Fall:___  Winterim:___  Spring:___  Summer:___  Year:_______

Reason for request (If additional space is needed please attach to form):

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Signature  Date