

# Medical/Emergency Withdrawal Information Sheet



## Student Information

Student Name: \_\_\_\_\_

NSU ID #: N

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Requester Information

Request Type: Medical  Emergency

Request Made via: Phone  Email  In-person  Other \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Withdraw Request:

---

---

---

---

---

---

---

---

Class Attendance Description:

---

---

---

---

---

## Financial Aid

Semester Withdrawing From: Fall  Spring  Summer  20\_\_\_\_\_

Types of Financial Aid Received:

Pell  OLAP  Scholarship  Loans  VA  Housing  Other \_\_\_\_\_

Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Official Withdraw Date: \_\_\_\_\_

Approved  Denied  By: \_\_\_\_\_