

# ACADEMIC INFORMATION FORM

**Students:** This form is only to be used when requesting a medical withdrawal from the semester in which you are currently enrolled.

**Instructions:** Please complete using a computer or INK. Attach a completed and signed form with your request for medical withdrawal.

Today's date: \_\_\_\_\_

Student's Name (print): \_\_\_\_\_

Student's UIN: \_\_\_\_\_

## MEDICAL WITHDRAWAL



### Questions:

Call the Office of the Dean of Students at (217) 333-0050.

**COURSE:** \_\_\_\_\_

I stopped attending class on (date): \_\_\_\_\_

Grade earned at that time: \_\_\_\_\_

Was there a final exam in this course?  Yes  No

Did you take the final exam?  Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**COURSE:** \_\_\_\_\_

I stopped attending class on (date): \_\_\_\_\_

Grade earned at that time: \_\_\_\_\_

Was there a final exam in this course?  Yes  No

Did you take the final exam?  Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**COURSE:** \_\_\_\_\_

I stopped attending class on (date): \_\_\_\_\_

Grade earned at that time: \_\_\_\_\_

Was there a final exam in this course?     Yes     No

Did you take the final exam?                 Yes     No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE:** \_\_\_\_\_

I stopped attending class on (date): \_\_\_\_\_

Grade earned at that time: \_\_\_\_\_

Was there a final exam in this course?     Yes     No

Did you take the final exam?                 Yes     No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE:** \_\_\_\_\_

I stopped attending class on (date): \_\_\_\_\_

Grade earned at that time: \_\_\_\_\_

Was there a final exam in this course?     Yes     No

Did you take the final exam?                 Yes     No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

I assert that the information on this form is accurate and correct to the best of my knowledge.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_