

INSTRUCTOR STATEMENT FORM

Instructors: Completing this form does not constitute your approval of the student's request for retroactive medical withdrawal. Rather, it aids the Office of the Dean of Students as we process the student's request. Please use INK. Return completed form to the student.

Students: Please complete the top portion of this form 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 Prefix	Course Number	Number of Units	Semester Taken	Instructor

CHOOSE THE ITEM THAT MOST ACCURATELY DESCRIBES THE STUDENT'S SITUATION AS IT PERTAINS TO YOUR CLASS.

According to class records:

The student stopped attending class on (date): _____

Grade earned at that time: _____

Was there a final exam in this course? Yes No

If so, did the student take the final exam? Yes No

This student never attended my class

Comments:

Instructor signature: _____ Date: _____

Attention student: In the event you are unable to locate the instructor of this course, please make all reasonable attempts to contact the head of this course's department regarding this form.

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

Student's signature: _____ Date: _____