## St. Lawrence University

Request for Medical Withdrawal from Undergraduate Course(s)

Note: Deadline to request a 'wm' in a semester course is the last day of classes in the semester.

Today's Date	<b>:</b>			_	
Student's Name:				SLU ID #	
Class Year: _	S	MC #:	Student's Pho	one # (cell):	
Student's Em	nail address: _				
Advisor's Na	me:		Advisor's	s Signature:	
List Course(s	s) Name, Num	ber and Instruct	tor:		
medical proble your request fo	em began). In a	ddition, please has specific course(s)	ave your health care	rse(s) noted above (include the date when your e professional send documentation supporting ent & Dean of Student Life, SC 234, St. Lawrence essary.)	
	_		_		
ACTION:	☐ Approved		☐ Not Approved		
Signature – V	ice President	and Dean of Stu	dent Life	Date	
☐ Approved*	<b>k</b>	□ Not Appro	ved		
Signature – A	ssociate Dean	for Advising		Date	
315 229 5311		315 229 7457 (for)		234 Sullivan Student Center SLII Canton NY 13617	