



CARDINAL STRITCH UNIVERSITY

Emergency/Medical Withdrawal Request Form

Student Name (please print) _____ Date _____

Student ID # _____

Semester/Course (for non-term programs) from which you are withdrawing _____

Degree Program (Circle One): Associates Bachelors Masters Doctoral

I have read the Emergency Withdrawal Policy(available on My Stritch) and understand the following:

- I understand that Cardinal Stritch is not obligated to grant an emergency withdrawal.
- I understand all the financial implications and obligations of this withdrawal.
- I am including documentation that supports my request (see policy for examples).

Student Signature (or Proxy Signature)

Date

Phone: _____ Email: _____

1. Describe the medical condition or emergency that required you to withdraw from Stritch.

2. Explain why the medical condition or emergency prevented you from completing the semester.

3. Detail dates of the onset of your medical condition along with the dates of any treatment you received or dates of the events/circumstances that impacted your ability to attend class/complete coursework.

4. If you stopped attending classes, explain why and when (Non- attendance does not exempt you from academic and financial responsibilities).

5. If you stopped attending classes, did you continue to utilize other campus services such as the meal plan, attendance at student events? If so, describe your activities.

6. Explain what relief you are seeking from this request. Be as specific as possible.

Return to: Kate Meudt-Director of Student Support-414-410-4702
Drop Off: BH1090 Scan/Email: kemeudt@stritch.edu Fax: 414-410-4239