

NC STATE UNIVERSITY

Division of Academic and Student Affairs
Student Health Center, 2nd Floor
2815 Cates Avenue
Campus Box 7312
Raleigh, NC 27695-7312
919.515.2423
919.515.8525 (fax)

Date: _____

Dear Health Services Provider:

_____ is requesting a
withdrawal from NC State for the _____ semester based on
psychological and/or medical concerns.

This withdrawal allows the student to drop ALL of his/her courses for the above semester.

The following information is needed to document the seriousness of the student's medical and/or psychological difficulties and the impact these concerns have had on his or her academic functioning for the specified semester:

1. Diagnosis and/or description of the problem including, date of onset, actual or estimated duration, and the degree of incapacitation.
2. The degree to which the problem caused a disruption in the student's academic functioning (i.e., class attendance, ability to do homework, etc.) for the specified semester.
3. Your recommendation regarding the appropriateness of a withdrawal for this student.

Please provide this documentation on your letterhead and mail or fax to the above address, or if appropriate, allow the student to hand-carry the letter to the Counseling Center. The information that you provide will be kept in confidential medical files in the Counseling Center.

Thank you for your help in this matter.