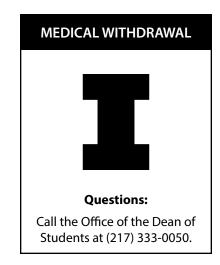
## **ACADEMIC INFORMATION FORM**

**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:	



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:				
COURSE:  I stopped attending class on (date):				
I stopped attending class on (date):				
I stopped attending class on (date):				

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:		